List of Items to Submit

For groups of 10 or more people,
please submit the following documents by the specified deadlines:

○ Name List (Deadline: 1 month prior)

*Must include all guests, including chaperones, teachers, drivers, etc. Please provide full names.

○ Itinerary (Deadline: 1 month prior)

○ Bus parking permission (Deadline: 10 days prior)

*For guests using a bus

○ Food Allergy form (Deadline: 14 days prior)

*For guests requiring allergy-friendly meals

○ Vegetarian questionnaire (Deadline: 14 days prior)

*For guests requiring vegetarian options for their meal

Nagai Youth Hostel

Guest List

Group name **Stay** **Night** **No.1**

	Family Name	First Name	Sex	Age	Leader's contact number	Adress	Remarks
Leader			M／F				
2			M／F				
3			M／F				
4			M／F				
5			M／F				
6			M／F				
7			M／F				
8			M／F				
9			M／F				
10			M／F				
11			M／F				
12			M／F				
13			M／F				
14			M／F				
15			M／F				
16			M／F				
17			M／F				
18			M／F				
19			M／F				
20			M／F				
21			M／F				
22			M／F				
23			M／F				
24			M／F				
25			M／F				

	Family Name	First Name	Sex	Age	Leader's contact number	Adress	Remarks
26			M／F				
27			M／F				
28			M／F				
29			M／F				
30			M／F				
31			M／F				
32			M／F				
33			M／F				
34			M／F				
35			M／F				
36			M／F				
37			M／F				
38			M／F				
39			M／F				
40			M／F				
41			M／F				
42			M／F				
43			M／F				
44			M／F				
45			M／F				
46			M／F				
47			M／F				
48			M／F				
49			M／F				
50			M／F				

	Family Name	First Name	Sex	Age	Leader's contact number	Adress	Remarks
51			M／F				
52			M／F				
53			M／F				
54			M／F				
55			M／F				
56			M／F				
57			M／F				
58			M／F				
59			M／F				
60			M／F				
61			M／F				
62			M／F				
63			M／F				
64			M／F				
65			M／F				
66			M／F				
67			M／F				
68			M／F				
69			M／F				
70			M／F				
71			M／F				
72			M／F				
73			M／F				
74			M／F				
75			M／F				

Itinerary for Osaka Municipal Nagai Youth Hostel

Group name		Date entered	Year Month Day
Usage schedule	Year Month Day ～ Month Day (Nights)	Entry person	
Number of guests	male person female person total person		

Estimated check-in (arrival) time:	Scheduled check-out (departure) time:

About meals

day・week		Number of meals	lunch box	Desired time
1day	breakfast			
day	lunch			
	dinner			
2day	breakfast			
day	lunch			
	dinner			
3day	breakfast			
day	lunch			
	dinner			
4day	breakfast			
day	lunch			
	dinner			

・The number of meals is the total number of all those who eat.

・For group use, please refrain from using the self-catering room or bringing in food.

・If you wish to eat, please use the cafeteria in the facility.

・If you need allergy support, please submit an allergy support sheet separately.

・Please set within cafeteria business hours.
Breakfast 7:00–8:30 (45 minutes) each on the left.
Lunch 11:00–13:00 (60 minutes) each on the left.
Dinner 18:00–20:00 (60 minutes) each on the left.

Means of transportation used (Circle the number that applies to you)	Group type (circle the applicable part)
①Large bus (units) ② Microbus (units) *Please contact us in advance if you plan to use the Nagai Park Central Parking Lot. ③Train ④ Other ( ) This facility does not have a parking lot. For minibuses and large buses, please use the central parking lot in Nagai Park. For private cars, please use the parking lot in Nagai Park and nearby private coin parking lots.	① Youth groups/groups ②Work area ③ Social education organizations ④ School(kindergarten, elementary school, middle school, high school, university, other) ⑤Family/Group ⑥ Other ( )

note	

Request for entry

・Check-in is from 15:00 to 22:00, and check-out is from 6:00 to 10:00.

・The curfew is 23:00. After 23:00, you can't enter or leave.

・Please be sure to fill in the estimated time of arrival and the estimated time of departure.

・Please set the meal time within the above.

・The capacity of the cafeteria is 60 people. If the number of users is large, please adjust and use in shifts.

(Parking)　　Application date:　year　month　day

Regarding permission to use the central parking lot

Regarding the use of your facility's parking lot, there was an application from a user of this facility.
Therefore, we ask for your permission for the following.

usage period	year month day ～ year month day			
／	parking time :			
／	departure time :		parking time :	
／	departure time :		parking time :	
／	departure time :		parking time :	
／	departure time :		parking time :	
／	departure time :		parking time :	
／	departure time :			
guest information	group name			
	contact person		mobile number	
bus type and number of bus	microbus		Entry column for vehicle number, etc.	
	large bus			
	medium bus			
Bus company name	leave blank for school buses and rental buses.			
remarks				

Osaka Municipal Nagai Youth Hostel
nagai@osaka-yha.or.jp
TEL：06-6699-5631
FAX：06-6699-5644

Food Allergy form

Please fill in by yourself or your guardian!

※Please send this form by 1 month before arrival date.

Group name individual name

Contact number

The date of use to

allergen	Degree of removal	Please fill in the details
egg	☐complete removal	
	☐heated processed products acceptable	
	☐possible by heating	
	☐others (please fill in the right column)	
egg based processed products	☐complete removal	
	☐heated processed products acceptable	
	☐processed products acceptable	
	☐mayonnaise acceptable	
	☐others (please specify in the right column)	
milk	☐complete removal	
	☐heated processed products acceptable	
	☐processed products acceptable	
	☐others (please specify in the right column)	
milk based processed products	☐complete removal	
	☐heated processed products acceptable	
	☐processed products acceptable	
	☐others (please specify in the right column)	
beef meat	☐complete removal	
	☐heated processed products acceptable	
	☐processed products acceptable	
	☐others (please specify in the right column)	
pork meat	☐complete removal	
	☐heated processed products acceptable	
	☐processed products acceptable	
	☐others (please specify in the right column)	
chicken meat	☐complete removal	
	☐heated processed products acceptable	
	☐processed products acceptable	
	☐others (please specify in the right column)	
soy and soy based processed products	☐complete removal	
	☐heated processed products acceptable	
	☐processed products acceptable	
	☐seasoning acceptable	
	☐others (please specify in the right column)	
wheat and wheat based processed products	☐complete removal	
	☐heated processed products acceptable	
	☐processed products acceptable	
	☐seasoning acceptable	
	☐others (please specify in the right column)	
Other allergens	**Degree of removal**	**Please fill in other relevant issues here**
( )	☐complete removal	
	☐heated processed products acceptable	
	☐processed products acceptable	
	☐others (please specify in the right column)	
( )	☐complete removal	
	☐heated processed products acceptable	
	☐processed products acceptable	
	☐others (please specify in the right column)	
<please fill in any circumstances requiring special care here>		

※please copy the necessary number of sheets!

vegetarian questionnaire

Group name	Name of vegetarian
Facility usage date	Contact number

Please read the following carefully. Please be sure to check with yourself or your guardian. Please reply at least one month before your stay.

Please mark the box that applies to you.

	Vegan (eats only plant foods)
	Fruitarian (eating only fruits, seeds, and nuts, without root vegetables or leafy vegetables)
	Lacto-vegetarian (eats plant foods and dairy products)
	Lacto-ovo vegetarian (eats plant foods, dairy products, and eggs)

	Please mark the items you can eat.	**If there are any special notes, please enter them in detail.**
	chicken egg	
	milk	
	dairy products	
	dashi of Katsuo	
	Mackerel soup stock	
	Kelp soup stock	
	chicken stock	
	Pork soup stock	
	beef stock	
	fruit	
	soy sauce	
	cooking sake	
	sweet sake	
	Miso	

We offer alternative menus for allergic and vegetarian meals rather than individual meals.
In addition, some menu items may change without prior notice due to purchasing conditions, weather, etc.
Thank you for your understanding.

Nagai Youth Hostel
〒546-0034 1-1 Nagai Park, Higashi Sumiyoshi Ward, Osaka City, Osaka Prefecture

TEL 06-6699-5631 FAX 06-6699-5644 mail nagai@osaka-yha.or.jp