



Information

Please read this thoroughly

Shin-Osaka Youth Hostel

https://osaka-yha.or.jp/shin-osaka/

1-13-13 10th floor, Higashi-Nakashima Osaka-city, Higashi-Yodogawa-ku, Osaka, 533-0033, Japan

MAIL shin-osaka@osaka-yha.or.jp











~In Staying at our Hostel~

Cautions and Guidance

- The dormitory room are gender separated. Please separate males and females when designating rooms.
 * This excludes family groups
- Self-services are required. Bed making, serving meals, and other services are not available.
- Eating and drinking are not allowed in the dormitory room. Please use the dining room to eat or drink.
- Amenities, such as bath towels, face towels, toothbrush and more, are not included in the accommodation
 fee
- Public Bath is equipped with shampoo, rinse, and body soap.
- Please separate your garbage

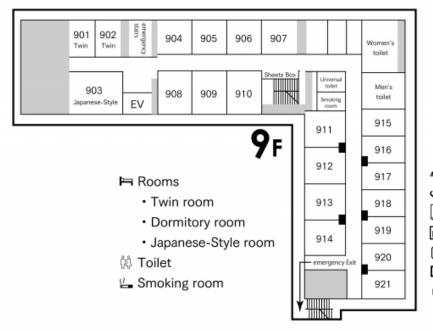


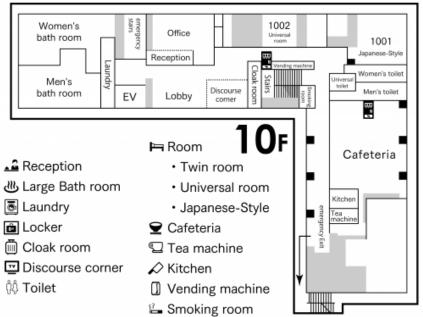






~FloorGuide~













~Operating Hour and Amenities~

Operating Hours/ Schedule

Reception	6:00 ~ 24:00
Check-in	16:00 ~ 23:00
Check-out	5:45 ~ 10:00
Lights out	23:00
Gate close	24:00
Bath hours	16:00 ~ 24:00 6:00 ~ 9:00

Our Amenities

Bath towel (Rental)	200JPY
Face towel (Rental)	100JPY
Yukata (Rental)	300JPY
Toothbrush	100JPY
Detergent	50JPY









~Payment~

If you wish to Pre-Pay or Pay after, please contact us

Upon Depositing	Upon depositing, enter the name of sender as "Arrival Date + Name of your Group" Example: If a group called "Shin-Osaka" are paying for the stay at August 13th, the name of the sender should look like "0813OOSHS"
Bank Name	MUFG Bank,Ltd. SHIN-OSAKA BRANCH 822 OSAKA JP
A/C No.	3642887
A/C name	OSAKA YOUTH HOSTEL ASSOCIATION / SHIN-OSAKA Youth Hostel
SWIFT CODE	BOTKJPJT









~About Cancelation Fees~

Cancellation fees will be charged in the event of a reduction in the number of guests or cancellation.

Cancellation fees will be charged 30 days prior to the date of use for lodging and 6 days prior to the date of use for meals.

The cancellation fee will be charged together with the room charge.

The rate of cancellation fee is based on the check-in date.

All cancellations after the start of use will also be 100%.

Check-in	30 – 15 days in advance	14 – 7 days in advence	6 – 2 days in advence	Previous day	The day of
Accommodation fee	10%	20%	30%	50%	100%
Meal fee	-	-	30%	50%	100%









~Document Submission~

Submit these documents prior to your stay

Guest List

List the name, Address, age, sex of each guests and Passport No.

Itinerary

List the time of check-in, check-out, dining and more

Allergies survey

Submit at least 20 days prior to your arrival





Group Name

No.1 Check-In day

	Name	Sex	Age	Nationality	Passport No.	
1		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				

Group Name

No.2 Check-In day

	Name	Sex	Age	Nationality	Passport No.	
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				

Group Name

No.3 Check-In day

	Name	Sex	Age	Nationality	Passport No.	
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				

Group Name

No.4 Check-In day

Scheduling table

Please submit the schedule approximately one month prior to the date of use. If you have a separate schedule, please submit it.

<Please provide the following information at a minimum >

Approximate: Check-in time (4:00 pm to 11:00 pm), check-out time (5:45 am to 10:00 am)

Approximate times: breakfast time (7:30am-8:30am), lunch time (11:30am-1pm), dinner time (5pm-7:30pm)

Group Name

Check-In day

Day1		Day2		Day3		Day4	
Time	Schedule	Time	Schedule	Time	Schedule	Time	Schedule
6:00		6:00		6:00		6:00	
12:00		12:00		12:00		12:00	
18:00		18:00		18:00		18:00	
0:00		0:00		0:00		0:00	

Food Allergy Sheet (Shin-Osaka Youth Hostel)

	Pleas	e read the follow	ving carefully. Please be su	ure to c	heck with yoursel	f or your parent/guar	rdian. Please reply	at least 14 days prio	r to your visit.		
Group Name	Che				ck in day			1 per	perso	n	
Person's Name						ncy Contact -mail)			Please do not fill out the form for more than one person at a time.		
<u>. </u>		•	tem, which is supposed to pro		body, when food is	eaten, touched, or inha	led.		- "		
It is a harmful symptom. Please note that this is different from liking or disliking food.								Deadline f	or submissi	on	
Cooking Facilities a	nd Cooki	ng Equipment		Food a	allergy accommod	lations at our facility			14 days prior t	o the date	of use
• All foods are prepare						hat all allergens will be e	eliminated.				
•We use the same fryi	ng oil for a	III ingredients.				materials and 20 items		d raw materials) are inc	licated on each dish.		
•We do not use specia	l utensils f	or allergy meals.		•If it is	difficult to judge fo	r yourself, a name tag wi	II be attached to the	plate and the food will	be served individually	·.	
• We do not use speci	ial utensils	for allergy meals, I	out we do take care to clean	them we	II.						
Please fill in the tab	le helow										
Allergens	Degree of elimination (please circle in the left column)				J.	Allergens	Degree of elimination (please circle in the left column)				
	□comple	ete removal					□complete removal				
	□heated	processed product	ts acceptable			- ⊢	heated processed products acceptable				
	□proces	sed products accep	otable				□processed products acceptable				
	□others	(please specify in t	he right column)				□others (please specify in the right column)				
	□comple	ete removal					□complete removal				
	□heated	processed product	ts acceptable				□ heated processed products acceptable □ processed products acceptable □ others (please specify in the right column)				
	□proces	sed products accep	table								
	□others	(please specify in t	he right column)								
	□comple	ete removal					□complete remova	l			
	□heated	processed product	ts acceptable				□heated processed	products acceptable	e		
	□proces	sed products accep	table				□processed produc	ts acceptable			
	□others (please specify in the right column)						□others (please spe	ecify in the right column)		
Please select	the m	eal offering	gs.								
Answer	Α	I don't need any p	articular response (If there is	an allerg	gy label, he/she can	make a decision)					
	В	Remove allergic fo	oods and serve individually (n	ote: uter	nsils are not specific	ally designed for allergie	s).				
	С	Bring your own me	eals.								
	Question	for those who cho	se *B.								
	Please de	scribe the ingredie	nts commonly eaten at home	, season	ings used, and cooki	ing methods. \rightarrow					





~About Our Meal Serving~

About Serving of Meal, Allergies

- Self-services are required.
- We require our guests to serve their meal. Therefore, please consider the time to serve when planning the time to eat.
- There might be other groups during your stay. When scheduling your meal, we might not be able to meet your demands
 - *In some cases we may not be able meet some of your demands.
 - *We are unable to arrange alternate meal without submission.

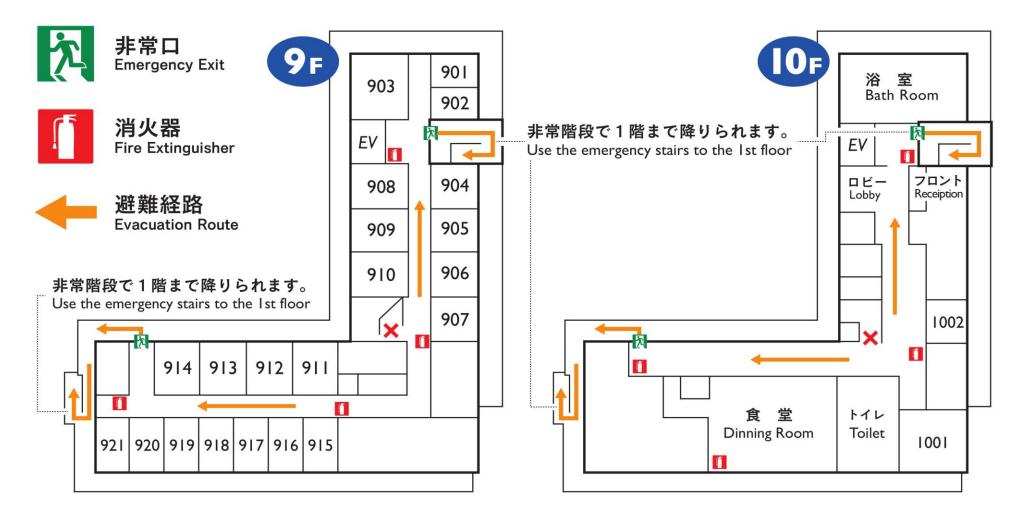




推経路 Evacuation Route



ひじょう ※非常の際はスタッフの誘導に従い、速やかに避難してください。 Please take refuge immediately in a emergency.





Contact List

Shin-Osaka Youth Hostel

1-13-13 10th floor, Higashi-Nakashima Osaka-city,

Higashi-Yodogawa-ku, Osaka, 533-0033, Japan

<u>TEL</u> +816-6370-5427 <u>MAIL</u> shin-osaka@osaka-yha.or.jp



