

Guest List

No.1

Group Name

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				

Guest List

No.2

Group Name

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				

Guest List

No.3

Group Name

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				

Guest List

No.4

Group Name

Check-In day

	Name	Sex	Age	Nationality	Passport No.	
76		M / F				
77		M / F				
78		M / F				
79		M / F				
80		M / F				
81		M / F				
82		M / F				
83		M / F				
84		M / F				
85		M / F				
86		M / F				
87		M / F				
88		M / F				
89		M / F				
90		M / F				
91		M / F				
92		M / F				
93		M / F				
94		M / F				
95		M / F				
96		M / F				
97		M / F				
98		M / F				
99		M / F				
100		M / F				

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)

Please read the following carefully. Please be sure to check with yourself or your parent/guardian. Please reply at least 14 days prior to your visit.

Group Name		Check in day	
Person's Name		Emergency Contact (E-mail)	

1 per person

Please do not fill out the form for more than one person at a time.

Deadline for submission

14 days prior to the date of use

A food allergy is an overreaction of the immune system, which is supposed to protect the body, when food is eaten, touched, or inhaled. It is a harmful symptom. Please note that this is different from liking or disliking food.

Cooking Facilities and Cooking Equipment

- All foods are prepared in the same environment.
- We use the same frying oil for all ingredients.
- We do not use special utensils for allergy meals.
- We do not use special utensils for allergy meals, but we do take care to clean them well.

Food allergy accommodations at our facility

- This does not guarantee that all allergens will be eliminated.
- Allergens (7 specified raw materials and 20 items equivalent to specified raw materials) are indicated on each dish.
- If it is difficult to judge for yourself, a name tag will be attached to the plate and the food will be served individually.

Please fill in the table below.

Allergens	Degree of elimination (please circle in the left column)	Allergens	Degree of elimination (please circle in the left column)
	<input type="checkbox"/> complete removal <input type="checkbox"/> heated processed products acceptable <input type="checkbox"/> processed products acceptable <input type="checkbox"/> others (please specify in the right column)		<input type="checkbox"/> complete removal <input type="checkbox"/> heated processed products acceptable <input type="checkbox"/> processed products acceptable <input type="checkbox"/> others (please specify in the right column)
	<input type="checkbox"/> complete removal <input type="checkbox"/> heated processed products acceptable <input type="checkbox"/> processed products acceptable <input type="checkbox"/> others (please specify in the right column)		<input type="checkbox"/> complete removal <input type="checkbox"/> heated processed products acceptable <input type="checkbox"/> processed products acceptable <input type="checkbox"/> others (please specify in the right column)
	<input type="checkbox"/> complete removal <input type="checkbox"/> heated processed products acceptable <input type="checkbox"/> processed products acceptable <input type="checkbox"/> others (please specify in the right column)		<input type="checkbox"/> complete removal <input type="checkbox"/> heated processed products acceptable <input type="checkbox"/> processed products acceptable <input type="checkbox"/> others (please specify in the right column)

Please select the meal offerings.

Answer	A I don't need any particular response (If there is an allergy label, he/she can make a decision) B Remove allergic foods and serve individually (note: utensils are not specifically designed for allergies). C Bring your own meals.
	Question for those who chose *B.

Please describe the ingredients commonly eaten at home, seasonings used, and cooking methods. →

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Shin-Osaka Youth Hostel

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