Information

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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~

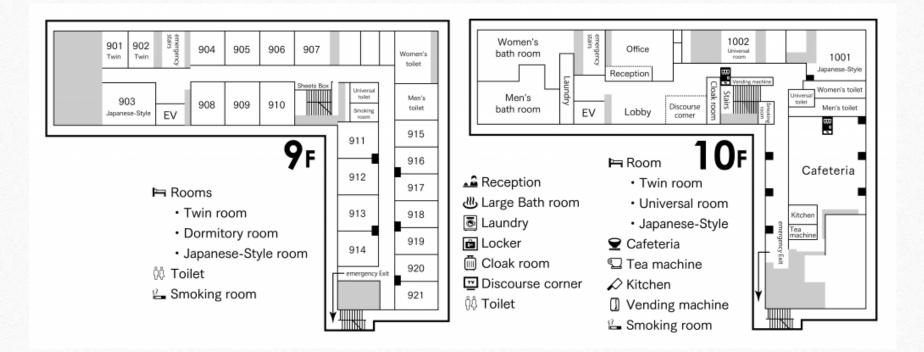
Cautions and Guidance

- 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



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~FloorGuide~



\sim Operating Hour and Amenities \sim

Operating Hours/ Schedule

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

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	ВОТКЈРЈТ



~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%.

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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%

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Effective September 1, 2025, the tax exemption point will be lowered so that room tax will be charged on room charges of 5,000 yen or more. The accommodation tax is not included in the room charge or accommodation plan fee. Please note that it will be charged separately.

the room fee (one night per person)	tax amount		
Less than 5,000 yen	No tax is imposed		
5,000 yen or more and less than 15,000 yen	200 yen		
15,000 yen or more and less than 20,000 yen	400 yen		
20,000 yen or more	500 yen		

*The tax will be applied to stays after September 1, 2025 due to the amendment of the ordinance.

*Please settle any accommodation already booked that is subject to the accommodation tax due to the partial revision of the ordinance.

~Document Submission~

Submit these documents prior to your stay

Guest List

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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

Gu	est List			up Name		
No.1			Chee	ck−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				

	est List			up Name		
No.2			Che	ck-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

Group Name

No.3

Check-In day

Name Sex Age Nationality Passport No. Image: Constraint of the system of the	
52 M / F	
53 M / F Image: state s	
54 M / F	
55 M / F Image: state s	
56 M / F Image: Constraint of the symbol in the symbo	
57 M / F Image: Constraint of the system of the syste	
58 M / F	
59 M / F	
60 M / F	
61 M / F	
62 M / F Image: Constraint of the second secon	
63 M / F Image: Second se	
64 M / F	
65 M / F	
66 M / F 67 M / F 68 M / F 69 M / F	
67 M / F 68 M / F 69 M / F	
68 M / F 69 M / F	
69 M / F	
70 M / F	
71 M / F	
72 M / F .	
73 M / F	
74 M / F .	
75 M / F .	

Gι	iest List		Grou	up Name		
No.4				ck−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

Charle In days

C	heck-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)

HOSTELLING	Please read the following carefully. Plea	se be sure to check with your	rself or your parent/gu	ardian. Please reply at least 14 da	ys prior to your visit.		
		С	heck in day		1 per person		
Person's Name		Eme	rgency Contact (E-mail)		Please do not fill out the form for more than one person at a time.		
A food allergy is an o	verreaction of the immune system, which is suppos	ed to protect the body, when foo	d is eaten, touched, or inl	haled.			
t is a harmful sympto	m. Please note that this is different from liking or	lisliking food.			Deadline for submission		
Cooking Facilities	and Cooking Equipment	Food allergy accomm	nodations at our facilit	tv	14 days prior to the date of use		
-	ed in the same environment.		ee that all allergens will be				
We use the same fry	ing oil for all ingredients.		-	ns equivalent to specified raw materials) are indicated on each dish.		
We do not use spec	al utensils for allergy meals.	 If it is difficult to judge 	for yourself, a name tag	will be attached to the plate and the fo	od will be served individually.		
 We do not use spe 	cial utensils for allergy meals, but we do take care	o clean them well.					
Please fill in the ta	ble below.						
Allergens	Degree of elimin (please circle in the le		Allergens	-	ee of elimination rcle in the left column)		
	Complete removal			Complete removal			
1	heated processed products acceptable			Dheated processed products accept	table		
	processed products acceptable			□processed products acceptable □others (please specify in the right column)			
	□others (please specify in the right column)						
	Complete removal			□ complete removal			
	heated processed products acceptable			heated processed products acce	able		
	processed products acceptable			□processed products acceptable			
	□others (please specify in the right column)			□others (please specify in the right column)			
	Complete removal			□complete removal			
	heated processed products acceptable			□heated processed products accep	table		
	processed products acceptable			□processed products acceptable			
	□others (please specify in the right column)			□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 c	an make a decision)				
	B Remove allergic foods and serve indivi			gies).			
	C Bring your own meals.						
	Question for those who chose *B.						
	Please describe the ingredients commonly eaten	at home, seasonings used, and co	ooking 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

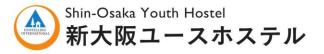
*In some cases we may not be able meet some of your demands.

*We are unable to arrange alternate meal without submission.

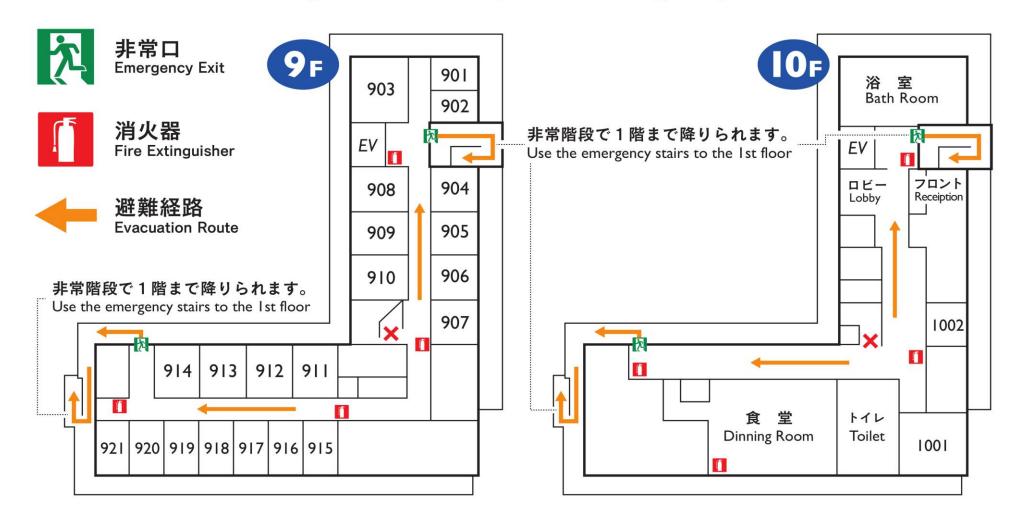


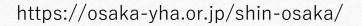
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※非常の際はスタッフの誘導に従い、速やかに避難してください。 Please take refuge immediately in a emergency.





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

