

# **PERMISSION FOR MINORS UNDER THE AGE OF 18**

## **Beresford Hotel IFSC**

21 Store Street  
D01 T9R2, Dublin

Ireland

Ph.: +353 1 8134700

Fax: +353 1 8558775

E-mail: [info@beresfordhotelifsc.com](mailto:info@beresfordhotelifsc.com)

*Please print and complete this form in all its parts, then fax/e-mail it along with a copy of the front and back of your credit card and photo ID to the hotel. Only one card might be used for the guarantee deposit.*

*Please note: it is guests responsibility to inform the hotel about minors of age travelling unaccompanied. A form must be received latest by the time of check-in from each unaccompanied guest who is under 18 years and is staying in the hotel as sole traveller or companion with other minors. Failure to receive this permission may result in check-in refused by the hotel.*

## **I hereby certify that:**

Name (of the guest): \_\_\_\_\_

Person ID number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Has my permission to stay at Beresford Hotel IFSC, 21 Store Street, Dublin, Ireland

Date of stay: \_\_\_\_\_

Reservation number: \_\_\_\_\_

## **Parent or Guardian contact details**

Name: \_\_\_\_\_

Person ID number: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

***As a parent or guardian I declare being responsible for the guest aged under 18 named above and his/her actions, whether or not I am staying at the hotel.***

***A third-party authorization form covering the guarantee deposit needed for the hotel's check-in procedures is attached and signed as well.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Guarantee Deposit Policy (applies to damage and/or smoking detected in the room):***

*Guarantee deposits will be returned back after verification of good status of the room upon guests' check out. The guarantee deposit can be taken only by credit card or by cash. In case of a credit card, a pre-authorization for the amount is taken and then released by doing a reversal at check out. In case of cash deposits the money will be returned back on hands upon check out. In case of a debit card, the only way to take the guarantee deposit will be by charging the card first and then making a refund after guests' check out. The minimum fee charged for smoking detected in the room is 150 euro.*

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I, \_\_\_\_\_, (print card holder's name) authorize Beresford Hotel IFSC to apply the charges of (print guests name) \_\_\_\_\_ to my credit card.

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Number of Rooms \_\_\_\_\_

Total Rate Rooms: \_\_\_\_\_ Confirmation Number: \_\_\_\_\_

Please tick on **each** single service authorized:

<input type="checkbox"/>	Room Only
<input type="checkbox"/>	Bed & Breakfast
<input type="checkbox"/>	Dinner (beverages excluded)
<input type="checkbox"/>	Full Account (includes all charges except the Guarantee Deposit)

<input type="checkbox"/>	Dinner (alcoholic beverages included)
<input type="checkbox"/>	Dinner (non-alcoholic beverages included)
<input type="checkbox"/>	Bar Drinks (non-alcoholic beverages, extra dinner)
<input type="checkbox"/>	Bar Drinks (alcoholic beverages, extra dinner)

Guarantee Deposit (*see Guarantee Deposit Policy below*)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC code: \_\_\_\_\_

Card Holders Billing Address: \_\_\_\_\_

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**Your signature below will constitute a binding agreement for full payment for the above-specified charges.**

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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