



### HODSON BAY GROUP STAFF & FAMILY PREFERRED RATE AUTHORISATION FORM

Presentation of this Authorisation Form entitles the below named individual to receive the Hodson Bay Group Staff & Family Preferred Rate on a space available basis at any of Hodson Bay Group.

This rate is available for staff and their family, specifically the list below. Please note that at this time, this rate is **not available** to the wider family of staff.

- |   |                          |
|---|--------------------------|
| Accommodations at the discounted rate are requested for | <input type="checkbox"/> |
| Spouse or Domestic Partner of Staff Member              | <input type="checkbox"/> |
| Child of Staff Member                                   | <input type="checkbox"/> |
| Parents or Parents in Law of Staff Member               | <input type="checkbox"/> |
| Grandparents of Staff Member                            | <input type="checkbox"/> |
| Sibling of Staff Member                                 | <input type="checkbox"/> |

Name of Guest: \_\_\_\_\_

#### TERMS AND CONDITIONS OF HODSON BAY GROUP STAFF & FAMILY PREFERRED RATE

1. The original authorisation form must be presented at the front desk at time of check-in, and may not be used by anyone other than the authorized individual.
2. Photo identification and this form must be presented at time of check in.
3. Credit must be established at time of check in.
4. Staff members and immediate family noted above, may receive this Preferred rate for personnel travel only, and not for business use.
5. Use of this preferred rate is a staff benefit only. Your appropriate conduct and professionalism (as well as that of those persons in your party) is expected when utilising Hodson Bay Group's Staff & Family Preferred rate. Any falsification of this form, or any misbehaviour or conduct during your stay may result in loss of room rate privileges and/or disciplinary action, up to and including termination of employment.

By requesting this Hodson Bay Group Staff & Family Preferred Rate, I accept and agree to abide by the terms and conditions outlined above.

Name of Associate: \_\_\_\_\_ Alkimii Employee No: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Visiting (name Hotel) \_\_\_\_\_

Approved by: \_\_\_\_\_ Date of Approval: \_\_\_\_\_