

Family Accommodations Booking Application

Last Name: _____ First Name: _____

Client Last Name: _____ Client First Name: _____

Client Unit: _____

Street Name: _____

Apt/Suite: _____ City: _____ Postal Code: _____

Priority given to families living beyond 70km radius of the hospital

Please indicate best number to call between 9 - 4 Monday-Friday: _____

Email: _____

Note: Accommodations communications will be sent to this email address.

Number of Occupants Adults: _____ Children: _____

Arrival Date (Check In 2pm): _____

Departure Date (Check Out 11am): _____

Do You Require Onsite Parking?

*Parking onsite is \$10.50 per day or \$65.00 per month (Please pay at Main Reception)

Preferred Payment Method (Select all that apply):

Note: A credit card number **must** be provided to secure the room booking, regardless of the method of final payment. Credit card information will be required when you receive a room booking confirmation from us.

Paperwork for pre-approved insurance coverage for Family Accommodation stays, **must** be submitted prior to receiving a room booking confirmation.

Special Requests:

Please send the completed form to accommodation@hollandbloorview.ca

Reservation confirmations will be sent to your email address within **2** business days of submitting this form.

Studios and suites are assigned on a room capacity basis.

For the safety of all, Holland Bloorview Hospital reserves the right to cancel bookings and close this service should we deem it necessary.