



## Hosting Providers Application

**Contact Details:** BLOCK LETTERS AND CLEAR HANDWRITING PLEASE

Name/s to appear in travel directory:		Phone:	
Address (Res):		Fax:	
Address (Postal):		Marital status:	
Web address:		Email address:	
Name 1 (M / F):		Name 2 (M / F):	
Email (if different from above):		Email (if different from above):	
Date of birth:	Nationality:	Date of birth:	Nationality:
Occupation:		Occupation:	
Ph (Wk):	Mob:	Ph (Wk):	Mob:
Skype address:		Skype address:	
Gentile: Christian / Secular / Other:		Gentile: Christian / Secular / Other:	
Jewish: Secular / Orthodox / Reform / Conservative / Messianic (circle)		Jewish: Secular / Orthodox / Reform / Conservative / Messianic (circle)	
Church / Synagogue / Community (if any):		Church / Synagogue / Community (if any):	
Children at home (names & year of birth):			
1 _____	2 _____	3 _____	
4 _____	5 _____	6 _____	

**Hosting & Accommodation Details.** See HIT-NZ Ltd Introduction: BLOCK LETTERS AND CLEAR HANDWRITING PLEASE

Host/Accommodation category (choose one): <input checked="" type="checkbox"/> (R) Regular host <input checked="" type="checkbox"/> (B) Backup host <input checked="" type="checkbox"/> (C) Commercial discounted accommodation <input checked="" type="checkbox"/> (S) Social			
Commercial discounted Accommodation (Category C): <input checked="" type="checkbox"/> Camp ground <input checked="" type="checkbox"/> Backpacker/hostel <input checked="" type="checkbox"/> B&B <input checked="" type="checkbox"/> Motel <input checked="" type="checkbox"/> Home stay / Farm stay <input checked="" type="checkbox"/> Other: _____			
What is your normal pricing?:		State Discount for HIT Members (mandatory):	
Host Style - Categories R, B (choose one or more): <input checked="" type="checkbox"/> Quality (self contained) <input checked="" type="checkbox"/> Family (shared facilities) <input checked="" type="checkbox"/> Basic (folded sofa / mattresses on floor) <input checked="" type="checkbox"/> Tenting <input checked="" type="checkbox"/> Vans (sleeps 2 people) <input checked="" type="checkbox"/> Campervans / Caravans (sleeps 4 people) <input checked="" type="checkbox"/> Motor home (sleeps 6 people)			
No. of guests at one time:	Length of stay:	Advance notice:	<input checked="" type="checkbox"/> \$5.00 max. cover charge p"p.
I / we can host (you may choose all): <input checked="" type="checkbox"/> Males <input checked="" type="checkbox"/> Females <input checked="" type="checkbox"/> Unmarried couples <input checked="" type="checkbox"/> Married couples <input checked="" type="checkbox"/> Families of up to ..... people			
Sleeping arrangement: Males / females / unmarried couples > <input checked="" type="checkbox"/> Separate rooms <input checked="" type="checkbox"/> Mixed sleeping (preferred)			
Social / Recreational (Category S and all other categories - you may choose one or more of the following): <input checked="" type="checkbox"/> Meal <input checked="" type="checkbox"/> Laundry <input checked="" type="checkbox"/> Internet (dial-up / broadband / wireless – please circle) <input checked="" type="checkbox"/> Refreshment stop (coffee, shower, travel suggestions – especially recommended to those living "off the bitten track") <input checked="" type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Day tours <input checked="" type="checkbox"/> 4x4 <input checked="" type="checkbox"/> Fishing <input checked="" type="checkbox"/> Boating <input checked="" type="checkbox"/> Hunting <input checked="" type="checkbox"/> Horse riding <input checked="" type="checkbox"/> Cycling <input checked="" type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Additional charges (state costs if any):			

**Other Important Information:** BLOCK LETTERS AND CLEAR HANDWRITING PLEASE

Special conditions or limitations: <input checked="" type="checkbox"/> No smoking <input checked="" type="checkbox"/> No alcohol <input checked="" type="checkbox"/> Curfew or other:
Special features (proximity to public transport, nearest town, environment, home features, etc.): _____ _____
Attach character references (Categories R, B, C, S) Not required for existing hosts or if you have previously supplied this to HIT-NZ Ltd. <input checked="" type="checkbox"/> One reference from Church/Synagogue/Community leader - or - <input checked="" type="checkbox"/> Two references from non-relatives, plus ... <input checked="" type="checkbox"/> Photo/description of self (optional)

**Declaration:**

I/We agree with the HIT Hosting Providers Terms and Conditions and will co-operate with its directives and operational procedures.

Date: \_\_\_\_\_ Name/s of Signatory: \_\_\_\_\_ Signature/s: \_\_\_\_\_



HIT International, PO Box 99, Paihia 0247, Bay of Islands, New Zealand.  
 Email: hosting.israeli.travelers@gmail.com | Web: www.hit-nz.com  
 FB: www.facebook.com/hit.nz | www.facebook.com/groups/hit.nz  
 Mob. +64 (0)27-61 61 450

## Service Providers Application

### Jewish/Israeli Cultural Provider (Category J): BLOCK LETTERS AND CLEAR HANDWRITING PLEASE

<input checked="" type="checkbox"/> I/we have completed the Contact Details box (see reverse - Hosting Providers)	
I/We would like to invite Israeli travellers to:	
<input checked="" type="checkbox"/> Shabbat meal	<input checked="" type="checkbox"/> Passover
<input checked="" type="checkbox"/> Israeli independence day	<input checked="" type="checkbox"/> Jewish/Israeli community meetings
<input checked="" type="checkbox"/> Focus on Israel meetings	<input checked="" type="checkbox"/> Hebrew library
<input checked="" type="checkbox"/> Other:	

### Travel/Tour Operators and any other Non-Hosting Business (Category O) Free advertising for first year: BLOCK LETTERS PLEASE

Business Name:		Contact Person:
Address (Physical):		
Address (Postal):		
Phone (Wk):	Phone (Hm):	Mobile:
Fax:	Email:	Web:
Brief description of business (We reserve the right to edit. You will be consulted if necessary):		
_____		
_____		
_____		
Discount or extra value deal offered to HIT-NZ card holders (mandatory):		
Special conditions to obtain discount (you may choose all) <input checked="" type="checkbox"/> Must present a valid HIT-NZ card (mandatory)		
<input checked="" type="checkbox"/> Direct bookings only (recommended)	<input checked="" type="checkbox"/> Doesn't apply to commissioned items/merchandise/specials (circle)	
<input checked="" type="checkbox"/> Not in conjunction with other deals	<input checked="" type="checkbox"/> Minimum numbers apply ..... people	
<input checked="" type="checkbox"/> Other:		

### Work Provider (Category W) e.g. child care, orchard, farm, travel industry, restaurant, etc. : BLOCK LETTERS PLEASE

Organisation:		Contact Person:
Address (Physical):		
Address (Postal):		
Phone (Wk):	Phone (Hm):	Mobile:
Fax:	Email:	Web:
Brief description of work & payment offered:		
_____		
_____		
_____		
<input checked="" type="checkbox"/> Paid work	<input checked="" type="checkbox"/> Work in return for accommodation, food etc.	<input checked="" type="checkbox"/> IRD number required
<input checked="" type="checkbox"/> All year round	<input checked="" type="checkbox"/> From time to time	<input checked="" type="checkbox"/> Seasonal from.....to.....
<input checked="" type="checkbox"/> Qualification/skill required:	<input checked="" type="checkbox"/> Experience required:	
		<input checked="" type="checkbox"/> Work permit required
		<input checked="" type="checkbox"/> No requirements
		<input checked="" type="checkbox"/> Commitment required for..... days/weeks/months (circle)

Date: \_\_\_\_\_ Name/s of Signatory: \_\_\_\_\_

Signature/s: \_\_\_\_\_

Important: Each applicant consents to the collection and use of the information above for the purpose of advertising in the HIT-NZ Ltd Travel Directory. Under the provisions of the Privacy Act 1993, providers may request access to and correction of their information held by HIT-NZ Ltd. This request must be in writing.