

# Hotel Booking Form

Field	Details	Check (✓ for Yes)
Full Name	[Text Field]	
Email Address	[Text Field]	
Contact Number	[Text Field]	
Address	[Text Field]	
City	[Text Field]	
State/Province	[Text Field]	
Zip/Postal Code	[Text Field]	
Country	[Dropdown Selection]	
Check-in Date	[Date Picker]	
Check-out Date	[Date Picker]	
Number of Adults	[Number Selector]	
Number of Children	[Number Selector]	

<b>Room Type</b>	[Dropdown: Single, Double, Suite, etc.]	
<b>Bed Type</b>	[Dropdown: Single Bed, Double Bed, King Size Bed]	
<b>Non-smoking Room</b>		[ ]
<b>Extra Pillows</b>		[ ]
<b>High Floor</b>		[ ]
<b>Near Elevator</b>		[ ]
<b>Special Requests</b>	[Text Field]	
<b>Agree to Terms</b>	[Terms and Conditions]	[ ]