Hotel Booking Form Listening Answers

Guest Details

Field	Listening Answer
Full Name	John Doe
Email Address	johndoe@example.com
Phone Number	+1234567890
Address	1234 Street, Apt 101
City	Metropolis
State/Province	New State
Zip/Postal Code	12345
Country	Exampleland

Booking Details

Field	Listening Answer
Check-in Date	2024-03-15
Check-out Date	2024-03-20
Number of Guests	Adults: 2, Children: 1

Room Preferences

Field	Listening Answer
Room Type	Double Room
Bed Type	King Size Bed
Preferences	Non-smoking, High floor

Special Requests

Field	Listening Answer
Special Requests	Late check-in requested

Payment Information

Field	Listening Answer
Card Type	Visa
Card Number	1111 2222 3333 4444
Cardholder's Name	John Doe
Expiration Date	08/2026
CVV	123

Agreement

Field	Listening Answer
Terms and Conditions	Agreed

Confirmation

• Submit Button: [Submit Your Booking]