Hotel Booking Form PDF

Guest Details

- **Full Name:** _____
- **Email Address:** _____
- **Phone Number:** _____
- **Address:** _____
- **City:** _____
- **State/Province:** _____
- **Zip/Postal Code:** _____
- **Country:** _____

Booking Details

- Check-in Date: //_____
- Check-out Date: //_____
- Number of Guests:
    - Adults (18+): ____
    - Children (0-17): ____

Room Preferences

- **Room Type**:
    - ☐ Single Room
    - ☐ Double Room
    - ☐ Suite
- **Bed Type**:
    - ☐ Single Bed
    - ☐ Double Bed
    - ☐ King Size Bed
- **Preferences**:
    - ☐ Non-smoking

- ☐ Extra pillows
- ☐ High floor
- ☐ Near elevator

Special Requests (Optional)

- _____

Payment Information

- **Card Type**:
  - ☐ Visa
  - ☐ MasterCard
  - ☐ American Express
- **Card Number**: _____
- **Cardholder's Name**: _____
- **Expiration Date**: /__
- CVV: ___

Additional Information

Please let us know if there's anything else we can do to make your stay more comfortable.

- _____

Terms and Conditions

- ☐ I agree to the Terms and Conditions and Privacy Policy.

Submit Your Booking

- [Submit Button]