Hotel Reservation Form with Answer

Contact Information

• Name: John Doe

• Address: 1234 Street, City, State, Zip

• Phone: (123) 456-7890

• Email: johndoe@example.com

Stay Details

• Check-in: 01/01/2024

• Check-out: 01/07/2024

Number of Rooms: 2

• Room Types: 1 Suite, 1 Double

Preferences and Requests

•	Bed Type:	: 🗌 Single 🛭	\square Double \square	□ Queen □	King
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Additional Amenities: □ Wi-Fi □ Breakfast □ Airport Shuttle

• Special Requirements: Wheelchair accessible room required

Billing Information

Method of Payment: Visa

• Card Holder Name: John Doe

• Card Number: XXXX-XXXX-1234

• Expiry: 12/24

• Signature: _____

Date of Signature: _______