

# Hotel Guest Registration Form PDF

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## Guest Information:

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Passport/ID Number: \_\_\_\_\_
- Nationality: \_\_\_\_\_

## Booking Information:

- Check-in Date: \_\_\_\_\_ Check-out Date: \_\_\_\_\_
- Room Type: \_\_\_\_\_
- Number of Guests: \_\_\_\_\_ Number of Nights: \_\_\_\_\_
- Special Requests: \_\_\_\_\_

## Payment Information:

- Credit Card Number: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_
- Billing Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Signature:

- Guest Signature: \_\_\_\_\_
- Date: \_\_\_\_\_