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# Hotel Guest Registration Form

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## Guest Information:

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- ID Type: \_\_\_\_\_
- ID Number: \_\_\_\_\_

## Stay Details:

Item	Detail
Check-in Date	_____
Check-out Date	_____
Room Number	_____
Room Type	_____
Number of Adults	_____
Number of Children	_____
Payment Method	_____

## Emergency Contact Information:

- Name: \_\_\_\_\_

- Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

**Guest Preferences:**

- Smoking Room
- Non-Smoking Room
- High Floor
- Low Floor
- Other: \_\_\_\_\_

**Guest Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Registration Form Hotel Check-In**

**Hotel Details:**

- Hotel Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

**Guest Information:**

- Full Name: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

- Email Address: \_\_\_\_\_
- Passport/ID Number: \_\_\_\_\_

**Stay Information:**

<b>Detail</b>	<b>Information</b>
Check-in Date	_____
Check-out Date	_____
Room Type	_____
Room Number	_____
Number of Guests	_____
Rate per Night	_____
Total Amount	_____

**Payment Details:**

- Credit Card Type:  Visa  MasterCard  American Express  Other
- Credit Card Number: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_
- Name on Card: \_\_\_\_\_

**Additional Requests:**

- Extra Towels
- Late Check-out
- Early Check-in
- Other: \_\_\_\_\_

**Guest Signature:**

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**Date:**

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