

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:

Detail	Information
Check-in Date	_____
Check-out Date	_____
Room Type	_____
Room Number	_____
Number of Guests	_____

Rate per Night	<hr/>
Total Amount	<hr/>

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:

Date:
