Hotel Booking Confirmation Form

Guest Information • Full Name: _____ • Contact Number: _____ Email Address: ________ • Address: _____ **Booking Details** • Hotel Name: _____ • Location: _____ Check-in Date: _______ Check-out Date: _______ Room Type: [] Standard [] Deluxe [] Suite [] Other: _____ **Number of Guests** • Adults: _____ • Children: _____ **Special Requests** Please specify any special requests such as early check-in, late check-out, or accessibility needs.

Booking Payment Details

Payment	Amoun	Date of	Payment
Туре	t	Payment	Confirmation
Deposit			
Full Payment			
Additional			
Fees			
Тах			

Cancellation Policy

- I acknowledge and agree to the hotel's cancellation policy, as provided at the time of booking.
- I understand any cancellation fees may apply based on the terms provided.

Guest Signature:	
Date:	
Hotel Representative Signature:	
Date:	