

Hotel Check-In Form Online

Hotel Name: _____

Check-In Date: _____

Check-Out Date: _____

Reservation Confirmation Number: _____

Primary Guest Details

- Full Name: _____
- Email: _____
- Phone Number: _____
- Nationality: _____
- Address: _____

Additional Guests (If Any)

- Guest 1 Name: _____
- Guest 2 Name: _____
- Guest 3 Name: _____

Room & Stay Information

- Room Type: (Standard Deluxe Suite Other)
- Preferred Floor: (Lower Middle Upper)
- Number of Nights: _____
- Total Cost: _____

Payment & Policies

- Preferred Payment Method: (Credit Card Debit Card PayPal
Bank Transfer)

- **Billing Address:** _____
- **Security Deposit Paid?** (Yes No)

Hotel Services & Requests

- **Airport Pickup**
- **Breakfast Included**
- **Special Room Decoration**

I confirm that the details provided are correct, and I agree to the hotel's terms and conditions.

Guest Signature: _____

Date: _____