

Hotel Check-In Form Template Word

Hotel Name: _____

Hotel Address: _____

Check-In Date: _____

Check-Out Date: _____

Reservation Number: _____

Guest Information

- Full Name: _____
- Date of Birth: _____
- Nationality: _____
- Home Address: _____
- City/State/Zip: _____
- Phone Number: _____
- Email Address: _____

Additional Guest Information (if applicable)

- Full Name: _____
- Relation to Primary Guest: _____
- Age: _____

Room Details

- Room Type: (Single Double Suite Other: _____)
- Special Requests: (Extra Bed Late Check-Out Smoking Room Other: _____)

Payment Information

- Payment Method: (Credit Card Debit Card Cash Other)

- **Credit Card Number:** _____
- **Expiration Date:** _____
- **Security Code:** _____
- **Billing Address:** _____

Signature & Agreement

I acknowledge that I have read and agreed to the hotel policies.

Guest Signature: _____

Date: _____