Hotel Check-In and

Check-Out Form

Hotel Name:
Hotel Address:
Date of Arrival:
Time of Arrival: : AM/PM
Date of Departure:
Time of Departure: : AM/PM
Booking Reference Number:
Guest Information
Full Name:
Passport/ID Number:
Nationality:
Home Address:
Phone Number:
• Email:
Room Information
Room Number:
Number of Nights:
Rate per Night:

Guest Preferences

- Preferred Payment Method: (\Box Credit Card \Box Debit Card \Box Cash)
- Meal Preferences: (\Box Vegetarian \Box Non-Vegetarian \Box Vegan \Box Other)

- Do you require airport transportation? (
 Yes
 No)
- Special Requests: ______

Hotel Policies Acknowledgment

Guest Signature: _____

Date: _____