

Hotel Room Check-In Form PDF

Hotel Name: _____

Location: _____

Check-In Date: _____

Check-Out Date: _____

Guest Information

- Full Name: _____
- Date of Birth: _____
- ID Type: (Passport Driver's License National ID)
- ID Number: _____
- Nationality: _____
- Home Address: _____
- Phone Number: _____
- Email Address: _____

Stay Details

Room Type	Nights Stay	Number of Guests	Rate per Night

Payment Method

Payment Type	Amount Paid	Balance Due	Confirmation No.

Additional Requests

- Do you require room service? (Yes No)
- Do you require a wake-up call? (Yes No)

• **Special Instructions:** _____

Guest Signature: _____

Date: _____