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## Hotel Guest Registration Form

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**Guest Information:**

Name: \_\_\_\_\_ No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Passport/ID Number: \_\_\_\_\_

Nationality: \_\_\_\_\_

**Booking Information:**

Check-in Date: \_\_\_\_\_ Check-out Date: \_\_\_\_\_

Room Type: \_\_\_\_\_

Number of Guests: \_\_\_\_\_ Number of Nights: \_\_\_\_\_

Special Requests: \_\_\_\_\_

**Signature:**

Guest Signature: \_\_\_\_\_

Date: \_\_\_\_\_