

Overnight Guest Registration Form

Date: _____

To: [Boarding House Name]

Address: [Boarding House Address]

Phone: [Boarding House Phone Number]

Guest Information

Name of Guest: _____

Age: _____

Address: _____

Contact Number: _____

Duration of Stay: _____

Check-in Date: _____

Check-out Date: _____

Emergency Contact

Name: _____

Relationship: _____

Contact Number: _____

Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Signature: _____

Thank you for your registration.