

# Overnight Guest Registration Form

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

Guest Information:

Name: \_\_\_\_\_

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

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

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

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

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

Preferred Payment Method: \_\_\_\_\_

Signatures:

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

Hotel Representative: \_\_\_\_\_ Date: \_\_\_\_\_