

# Hotel Occupancy Registration Form

Check-in Date

Check-out Date

Room Number

Guest Name (Primary Registration)

Address

City

Country

Email

Phone

ID/Passport No.

Accompanying Guests

Name	Age	Gender	ID/Passport	Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Purpose of Visit

Vehicle No.

Special Requests

Remarks

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Guest Signature

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Receptionist Signature

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Date