

Hotel Registration Form

Please fill out this form upon check-in. Select your breakfast preference below.

Full Name:

Email Address:

Phone Number:

Home Address:

Check-in Date:

Check-out Date:

Room Type:

Breakfast Options:

- ☐ Continental Breakfast
☐ American Breakfast
☐ Vegetarian Breakfast
☐ No Breakfast
☐ Other (please specify): _____

Special Requests:

Guest Signature:

Date:

[Print Form](#)

Note: Please present a valid ID at the front desk at check-in.