

REGISTRATION				ROOM# _____			
ARRIVAL DATE _____	ROOM TYPE _____			<input type="checkbox"/> ROLLAWAY			
# OF NIGHTS _____	RATE _____	ACCOUNT/CONFIRMATION # _____		<input type="checkbox"/> CRIB			
DEPARTURE DATE _____	ADULTS/CHILDREN ____/____			<input type="checkbox"/> SPECIAL NEEDS _____			
NAME _____, _____ GP- _____				DATE			
COMPANY _____				ROOM/CHG			
ADDRESS _____				TAX			
CITY _____ STATE _____ ZIP _____				PHONE			
PHONE () _____				F&B			
MAKE OF CAR/MODEL _____ / _____				OTHER			
TAG _____ D.L.# _____				BALANCE			
METHOD OF PAYMENT							
<input type="checkbox"/> CASH							
<input type="checkbox"/> CREDIT CARD TYPE _____ EXP _____							
# _____				TOTALS _____			
AMOUNT AUTHORIZED _____ CODE _____				TOTAL BALANCE _____			
ADDITIONAL AUTHORIZATIONS:				GUEST SIGNATURE _____			
AMOUNT _____ CODE _____ DATE _____				NOTES _____			
AMOUNT _____ CODE _____ DATE _____				_____			
<input type="checkbox"/> DIRECT BILL _____				CHECKED IN BY: _____			

Hotel Name:

Address:

City/State:

Phone/Fax Number: