



AT THE HOTEL

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- ☐ Room Assigned
- ☐ Room No: _____
- ☐ Key Card Issued
- ☐ Payment Received

Hotel Guest Registration Form

Please complete the form.

Guest Information	
First Name	
Last Name	
Nationality	
Passport Number	
Phone Number	
Email Address	
Home Country	
Check-in Date	
Check-out Date	
Number of Nights	
Room Type	☐ Single ☐ Double ☐ Twin
Breakfast	☐ Yes ☐ No
Signature	

Practice with a partner:**Receptionist:** Good afternoon.**Guest:** Hello. I have a reservation.**Receptionist:** May I have your registration form, please?**Guest:** Here you are.**Receptionist:** Thank you. Here is your key card.**Receptionist Only**

- ☐ Passport checked
- ☐ Payment received
- ☐ Key card given
- ☐ Breakfast included

Guest Signature**Receptionist Signature**

Date: _____