

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- _____				<b>DATE</b>			
COMPANY _____				<b>ROOM/CHG</b>			
ADDRESS _____				<b>TAX</b>			
CITY _____ STATE _____ ZIP _____				<b>PHONE</b>			
PHONE ( ) _____				<b>F &amp; B</b>			
MAKE OF CAR/MODEL _____ / _____				<b>OTHER</b>			
TAG _____ D.L.# _____				<b>BALANCE</b>			
<b>METHOD OF PAYMENT</b>							
<input type="checkbox"/> CASH							
<input type="checkbox"/> CREDIT CARD TYPE _____ EXP _____							
# _____				<b>TOTALS</b> _____			
AMOUNT AUTHORIZED _____ CODE _____				<b>TOTAL BALANCE</b> _____			
<b>ADDITIONAL AUTHORIZATIONS:</b>				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: