

GUEST REGISTRATION

NAME				ROOM NO.
STREET				CHECK-OUT DATE
CITY		STATE AND ZIP		ARRIVAL DATE / TIME
(AREA CODE) PHONE NO.		COMPANY REPRESENTING		ROOM RATE / TAX
CAR LICENSE	STATE	MAKE AND COLOR	YEAR	RECEIVED BY
NO. IN PARTY	SIGNATURE X			

PAYMENT WILL BE MADE BY: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK CREDIT CARD USED: _____ CARD NO. _____	DAYS OCCUPIED				ROOM TOTAL		
	SUN				TAX		
	MON						
	TUE						
	WED				TOTAL		
	THURS				AMT. PAID		
	FRI				AMT. DUE		

NOTICE TO GUESTS
 This property is privately owned, and management reserves the right to refuse service to anyone. We will not be responsible for accidents or injury to guests or for loss of money, jewelry or valuables of any kind

CHECK-OUT TIME: 11AM

YOUR COMPANY NAME
 Address
 CITY, STATE, ZIP CODE
 Phone Number

001001

GRCC 6942
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