



**Welcomes You!**

ROOM # \_\_\_\_\_

**Guest Registration Form: Please complete this form as carefully and completely as possible**

Reservation taken by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Anticipated arrival: \_\_\_\_\_ Anticipated departure: \_\_\_\_\_

Room number: \_\_\_\_\_ Date keys signed out: \_\_\_\_\_ Date keys returned: \_\_\_\_\_

**Guest Information (Please use a separate form for each household)**

Guest name: \_\_\_\_\_

Guest name: \_\_\_\_\_

Address of primary guest: \_\_\_\_\_

City, State **ZIP**: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_ Hospital: \_\_\_\_\_

Type of illness/injury: \_\_\_\_\_ Room #: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Comments/special needs: \_\_\_\_\_

Guest relationship to patient: \_\_\_\_\_

**Waiver:**

I have received a copy of, read, and agree to abide by the guidelines of The Danielle House, Inc., including guest responsibilities. I understand that failure to comply with these guidelines and responsibilities may result in termination of my stay at Danielle House.

I hereby relieve The Danielle House, Inc., as well as respective staff, board members, and volunteers of all responsibility and liability for any injury/illness to me and/or to my minor children who may accompany/visit me during my stay. I also understand that The Danielle House will not be responsible for damage or theft of personal belongings, including motor vehicles, which may occur while I am a guest of the hospitality house. I give Danielle House staff permission to enter room, as necessary, for standard maintenance/cleaning purposes only.

Signature of guest: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of guest: \_\_\_\_\_ Date: \_\_\_\_\_