



Guest Name _____ ROOM # _____

Welcomes You!

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: _____

Date keys signed out: _____ by: _____ Date keys returned: _____ to: _____

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

Guest name: _____ # of guests in room _____

Guest name: _____

Address of primary guest: _____

City, State **ZIP**: _____ County (if in NY): _____

Home phone # _____ Work phone: _____

Cell phone: _____ Email address: _____

License plate number: _____ Form of I.D. attached: _____

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: _____

Donation Amount: _____ (cash/check) Rec'd by _____ Date _____ Filed _____ Dep. _____

Guest Name _____ **ROOM #** _____

Donation Am't: _____ (cash/check) Rec'd by _____ Date _____ Filed ____ Dep. ____

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Donation Am't: _____ (cash/check) Rec'd by _____ Date _____ Filed ____ Dep. ____

For Rooms with Guests from Multiple Households

Additional guest name: _____

Address of additional guest: _____

City, State **ZIP**: _____ County (if in NY): _____

Home phone # _____ Work phone: _____

Cell phone: _____ Email address: _____

License plate number: _____ Form of I.D. attached: _____