



## SPA PARTY REQUEST FORM

Please complete form and return to spa via fax: (302) 738-6625.

Contact Name: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Occasion: \_\_\_\_\_

1st Choice Date: \_\_\_\_\_

2nd Choice Date: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Thanks for your request!

We look forward to servicing you and your guests.

**512 Greenhill Ave,  
Wilmington, DE 19805  
302 757-2830  
Viamedicaldayspa.com**