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SPA DAY SERVICES FORM

CONTACT NAME _____ # GUESTS IN PARTY _____
CONTACT NUMBER _____ CELL NUMBER _____
APPROVED PARTY DATE _____ EMAIL _____

SPECIAL REQUESTS YES NO. If Yes,
Describe _____

FOR EACH GUEST, PLEASE SELECT THE DESIRED SPA PACKAGE OR LET EACH GUEST
CUSTOMIZE HIS/HER OWN SPA PACKAGE BY SELECTING THE INDIVIDUAL SERVICES DESIRED.
(See Website for Spa Package Details):

GUEST NAME _____ Lunch: Y N Robe Size: S M L

XL

Spa Packages

- __ Package #1
- __ Package #2
- __ Package #3
- __ Package #4
- __ Package #5
- __ Package #6

GUEST NAME _____ Lunch: Y N Robe Size: S M L

XL

Spa Packages

- __ Package #1
- __ Package #2
- __ Package #3
- __ Package #4
- __ Package #5
- __ Package #6

GUEST NAME _____ Lunch: Y N Robe Size: S M L

XL

Spa Package

__Package #1

__Package #2

__Package #3

__Package #4

__Package #5

__Package #6

GUEST NAME _____ Lunch: Y N Robe Size: S M L

XL

Spa Package

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GUEST NAME _____ Lunch: Y N Robe Size: S M L

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Spa Package

__Package #1

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__Package #5

__Package #6