



## SPA PARTY REQUEST FORM

Please complete form and return to spa via fax: (512) 323-0799.

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

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

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

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

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

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

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

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

1<sup>st</sup> Choice Date: \_\_\_\_\_

2<sup>nd</sup> Choice Date: \_\_\_\_\_

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

Thanks for your request!  
We look forward to servicing you and your guests.