



## 5-7 Day Registration Form

Please complete and return this form by fax or mail no less than 10 days prior to your reservation date. Thank you in for your cooperation, as this will help assist us in meeting your needs.

**I am interested in attending Birdwing Spa the dates of \_\_\_\_\_ through \_\_\_\_\_**  
(Long term Journey to Wellness stays are also available. Check-in: 7:00 p.m. Sunday, or special arrangements.)

**Desired Accommodations**     Standard Room     Master Suite     Barn Suite  
**Occupancy**     Single     Double     Couple

### CONTACT INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
D.O.B. \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_

### AIRPORT TRANSFER

**I request the round-trip airport transfer for the additional fee of \$115.**  
(A representative from Birdwing Spa will be waiting for you at baggage claim.)

#### ARRIVAL

#### DEPARTURE

Date	_____	_____
Time	_____	_____
Airline	_____	_____
Flight Number	_____	_____

### DEPOSIT

Enclosed is my deposit of \$300.00 (per week) by check, money order, Master Card or Visa number to assure a place in Birdwing's program. Please note: **reservations are not confirmed until a deposit is received. If circumstances necessitate a cancellation, the deposit is transferable, but non-refundable. Upon rescheduling, a \$50 fee will be assessed. If circumstances necessitate a second cancellation, the deposit is forfeited. The full balance of the reservation commitment is due and payable upon arrival. In the event of an early departure, a full payment is assessed for the reserved dates.**

Already Paid by Credit Card     Check Enclosed     Credit Card Information Below  
Visa/Master Card \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Signature \_\_\_\_\_

- CONTINUED ON BACK -

## RELEASE OF LIABILITY

I hereby release Birdwing Spa from any liability connected with the services provided to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## HEALTH HISTORY

Do you have any health conditions that Birdwing's staff should be aware of (i.e. pregnancy, diabetes, food allergies/intolerances, hypoglycemia, physical disabilities, smoker)?

No  Yes, please describe \_\_\_\_\_

## EATING HABITS

Are you vegetarian?  Yes  No

My vegetarian diet includes  Fish  Poultry  Dairy  Eggs

Other Comments \_\_\_\_\_

## WEIGHT LOSS PROGRAM

I would like to participate in the *Journey to Wellness* program for an extra cost of \$250. (Minimum 7-day stay.)

## MEDICAL CONTACT

Birdwing Spa recommends that you consult your physician prior to participating in any activities.

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## REASON FOR VISITING

Which best describes your reason for visiting Birdwing Spa?

To be pampered, relax, and slow down my pace. I am not interested in being extremely active.

To exercise, be active, and boost my energy level while enjoying some pampering on the side.

## SALON SERVICES

Both the 5 & 7 Day packages include the following services: Full Body Massage, European Facial, Spa Manicure, Refreshing Pedicure and Purifying Herbal Wrap. The 7-day package also includes a Sea Body Polish. These services will automatically be scheduled for you prior to arrival. To schedule additional services on an á la carte basis, please write the service(s) in the space(s) below. After your arrival, a member of our staff will meet with you to discuss the services and answer any questions you may have. Thank you!

\_\_\_\_\_  
\_\_\_\_\_