



Day Spa and Overnight 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 wish to arrive at Birdwing Spa the day of _____

Choose Your Type of Stay

- Day Spa Sampler** - Arrive by 9:30 a.m., check out by 5:00 p.m. includes: spa lunch, activities, all spa amenities, and 2½ hours of salon services.
- Overnight Package** - Arrive at 5:00 p.m. (dinner at 5:30), check out at 5:00 p.m. (24 hour stay) includes three meals, activities, all spa amenities, and 1½ hours of salon services.

Desired Overnight Accommodations Occupancy

- | | | |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Standard Room | <input type="checkbox"/> Master Suite | <input type="checkbox"/> Barn Suite |
| <input type="checkbox"/> Single | <input type="checkbox"/> Double | <input type="checkbox"/> Couple |

CONTACT INFORMATION

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

DEPOSIT

Enclosed is my deposit of \$100.00 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 _____

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 _____

- CONTINUED ON BACK -

EATING HABITS

Are you vegetarian? Yes No
My vegetarian diet includes Fish Poultry Dairy Eggs

Other Comments _____

SALON SERVICES

To schedule the services included with the package, **please indicate below with a check mark**. If you wish to schedule additional services on an á la carte basis, please write the service in the spaces below. Services not listed on this form will be available only if time allows. A charge of 50% will be billed for any cancelled services.

- | | |
|--|--|
| <input type="checkbox"/> Ultimate Massage (90 minutes) | <input type="checkbox"/> Birdwing Hot Stone Massage (90 minutes) |
| <input type="checkbox"/> Full Body Massage (60 minutes) | <input type="checkbox"/> European Facial (60 minutes) |
| <input type="checkbox"/> Purifying Herbal Wrap (30 minutes) | <input type="checkbox"/> Spa Manicure (30 minutes) |
| <input type="checkbox"/> Refreshing Pedicure (30 minutes) | <input type="checkbox"/> Sea Body Polish (30 minutes) |
| <input type="checkbox"/> Revitalizing Leg Treatment (30 minutes) | <input type="checkbox"/> Kneipp Herbal Foot Soak (30 minutes) |
| <input type="checkbox"/> Conditioning Scalp Massage (30 minutes) | |

_____	_____
_____	_____
_____	_____

NOTE: If you choose, you can use a credit of \$37.50 per ½ hour or \$75 per hour, toward any other salon service. The additional difference will be charged upon billing.