

Reservation Form

Name _____	Room No. _____	Name _____	Room No. _____
Address _____	Tel. _____	Address _____	Tel. _____
Treatment _____	Time in _____	Treatment _____	Time in _____
Special Request _____		Special Request _____	
Reception _____		Reception _____	

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Spa Card Order

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Treatment _____ Time in ____ Room ____

Oil	<input type="checkbox"/> Rose	<input type="checkbox"/> Anti	<input type="checkbox"/> Energy	<input type="checkbox"/> Lavender
<input type="checkbox"/>	Steam			
<input type="checkbox"/>	Bath			
<input type="checkbox"/>	Jacuzzi			
<input type="checkbox"/>	Scrub			
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