



SPA TREATMENT REQUEST FORM  
**US TRACK & FIELD AND  
CROSS COUNTRY COACHES ASSOCIATION**

**AS THE SPA SELLS OUT ON A REGULAR BASIS, PROMPT RESPONSE IS HIGHLY RECOMMENDED.**

RECEIVE A 15% DISCOUNT OFF ANY SERVICES BOOKED DECEMBER 13 – 17, 2009

Please complete this form and fax to the Spa Group Sales Office at 407-393-4797.  
Please plan to arrive 30 minutes prior to your appointment to allow for a leisurely check-in and to make full use of our outdoor pool, sauna, steam and whirlpools.

**Cancellation:** 24 hour advance notice required to avoid full charge.

All services are exclusive of a 22% gratuity.

Guest Full Name	I am : <input type="checkbox"/> Male <input type="checkbox"/> Female
Guest Phone	
Email Address/Fax #	

Credit Card	Expiration:
Signature of Credit Card Holder	

Preference	Requested Service	Requested Date	Requested Time of Day
1 <sup>st</sup> choice			
2 <sup>nd</sup> choice			
3 <sup>rd</sup> choice			

Please indicate your technician preference, if any:	<input type="checkbox"/> No Preference <input type="checkbox"/> Male <input type="checkbox"/> Female
Medical Conditions/Allergies:	

**Spa Group Sales**

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