

Group Reservation Form

Please fill in, copy, paste, and email to:

steveearles@bellsouth.net Or call (706) 663 4770 for more info.

Name of Group _____ Hometown _____

Contact's Full name (1) _____ (2) _____

Contact's Cell # (1) _____ (2) _____

Contact's Email _____

Name of Resort or Cabins and Chalets staying with _____

Date of appointments desired ____/____/____/

Time frame desired AM (8:30-11:00) PM (12:00-7:00) M _ T__ W__ TH__ Fri_ Sat_

Specific Times desired _____

Of participants _____

- time allotment suggestions: Massage 1 hr. or 30 mins., facial work, 45 mins., reflexology 30 mins., Aqua Toxin Detox, 40 mins.; please arrive 10 mins. early for intake and consultations, rest rooms and quiet time.
- Usually participants will rotate with different treatments if having multiple svcs.

List of participants and desired services (see prices, spa packages, and menu)

First Name Service or type massage desired (Male or Female Preference) \$ Total

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

11) _____

12) _____

others _____

sub total _____

gratuity _____

Total

Credit card type Visa MC AX DIS # _____ exp. Date _____

- **groups, (2) or more require a 100% credit or debit card deposit. Separate payments can be made at end of appointments for individual payment needs.**
- **There is 24 hour cancellation policy always in effect.**
- **We recommend adding 15% gratuity for the therapist's commitments.**
- **Most of group work is done at our office, fully staffed and equipped. We are 1 mile from most resort lodging, downtown. Off Site work requires additional time, massage only and add 20% to services.**