



Journey to Wellness 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 _____

(Check-in: 7:00 p.m. Sunday, or special arrangements.)

I am a returning guest

Desired Accommodations
Occupancy

Standard Room
 Single

Master Suite
 Double

Barn Suite
 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 \$150.

(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 _____

JOURNEY TO WELLNESS

Please indicate your specific goals. **(A more in-depth questionnaire will be sent out following your registration.)**

1. _____

2. _____

3. _____

MEDICAL CONTACT

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

Physician _____ Phone _____

Clinic _____

Address _____

City _____ State _____ Zip _____

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!
