



Weekend and 2 Day 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. Friday, 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 \$150.00 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 _____

– 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 _____

Describe your current exercise program (type and frequency) _____

EATING HABITS

Are you vegetarian? Yes No

My vegetarian diet includes Fish Poultry Dairy Eggs

Other Comments _____

MEDICAL CONTACT

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

Physician _____ Phone _____

Clinic _____

Address _____

City _____ State _____ Zip _____

REASON FOR VISITING

Which best describes your reason for visiting Birdwing Spa?

To be pampered, relax, and slow down my pace. I am not interested in being extremely active.

To exercise, be active, and boost my energy level while enjoying some pampering on the side.

SALON SERVICES

A Full Body Massage is included with the 2-day package, as well as your choice of a European Facial or an Herbal Wrap. To schedule the services included with the package, **please indicate below with a check mark**. To schedule additional services on an à la carte basis, please write the service(s) in the space(s) available and return this form in a timely manner. Due to time limitations, services not listed on this form will be available only if time allows. A charge of 50% will be billed for any cancellations. Thank you!

Full Body Massage

European Facial

Herbal Wrap
