**The Ritz-Carlton Spa, Reynolds, Lake Oconee - Spa Appointment Request Form**

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| --- | --- |
| ***Group Name:***  **2019 Spring Board Retreat** | ***Conference Dates:***  **May 03- 07, 2019** |

*Please Note: As the Spa sells out on a regular basis, prompt response is recommended.*

|  |  |  |  |
| --- | --- | --- | --- |
| *Guest Name:* |  | | |
| *Guest Cell/Work Phone:* | |  | |
| *Guest e-mail*  *(Needed for confirmation):* | | |  |

Note: Cancellation Policy =24 hours before first treatment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Treatment:* |  | *Date:* |  | *Time of Day:* |  |
| *Treatment:* |  | *Date:* |  | *Time of Day:* |  |
| *Treatment:* |  | *Date:* |  | *Time of Day:* |  |
| *Treatment:* |  | *Date:* |  | *Time of Day:* |  |

*Hotel Confirmation # is required in order to complete the booking process!*

*Confirmation # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Hotel room booked under the name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\*\*\*Please note Male or Female Therapist Request if there is a preference\*\*\**

*Before your Massage or Body Treatment:*

Please plan to arrive a minimum of 30 minutes prior to your appointment

to allow for check-in time as well as to fully enjoy our Spa Ritual

which includes use of the Spa’s whirlpool and cold plunge, steam, and sauna.

*E-mail this form to: tiffany.porter*@ritzcarlton.com

Contact via Telephone: (706) 467-7176