



# Massage Reservation Form & Credit Card Authorization

Catfish Crawl Open Water Swim- East Bay  
At Shadow Cliffs, Pleasanton  
April 25<sup>th</sup> 2010

Massage Duration: 20 minutes  
Massage Cost: \$30.00

Please mark your time preference for your massage:

8:00am	8:20am	8:40am	9:00am	9:20am	9:40am	10:00am
10:20am	10:40am	11:00am	11:20am	11:40am	12:00pm	12:20pm

We will do our best to accommodate you with the time you have chosen but cannot guarantee you that slot due to high demand of certain times. We will send you a confirmation email once we receive this form. If you have any questions regarding your scheduled massage, please call 408-241-8326.

Name (exactly as it appears on Credit Card) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

Cardholder's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Initial \_\_\_\_\_ : I understand that I am responsible for being there 5 minutes prior to my appointment time and that any tardiness will be deducted from my reservation. I also understand that my \$30.00 massage fee is non-refundable.**

**I authorize TEAM CLINIC to charge my credit card for the \$30 Massage Reservation Appointment:**

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_