



Massage Reservation Form & Credit Card Authorization

Morgan Hill Sprint Triathlon
At UVAS
May 16th 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: _____