

# Spa and Wellness Night Sign Up Form

I would like to sign up for a:

(please check)

- Facial
- Reflexology
- Therapeutic Touch
- Back Massage
- Manicure & Pedicure

Ideally my 1st choice of time would be:

- 6:00 - 6:30 \_\_\_\_\_
- 6:30 - 7.00 \_\_\_\_\_
- 7.00 - 7.30 \_\_\_\_\_
- 7.30 - 8.00 \_\_\_\_\_
- 8.00 - 8.30 \_\_\_\_\_
- 8.30 - 9.00 \_\_\_\_\_

If not available, my 2nd choice of time would be:

- 6:00 - 6:30 \_\_\_\_\_
- 6:30 - 7.00 \_\_\_\_\_
- 7.00 - 7.30 \_\_\_\_\_
- 7.30 - 8.00 \_\_\_\_\_
- 8.00 - 8.30 \_\_\_\_\_
- 8.30 - 9.00 \_\_\_\_\_

*You will be contacted to confirm the availabilities of your chosen times*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

## **NO CANCELLATIONS AFTER FEBRUARY 22, 2016**

Please return forms by **February 18** to Beth Tikvah Synagogue, 9711 Geal Road, Richmond

OR fax to Beth Tikvah: 604.271.6270

OR email: sararuthsinger@gmail.com

**Payment is to be made to the therapists. CASH ONLY.**