



Massage Reservation Form & Credit Card Authorization

Threshold Racing: Metro Triathlon
At Almaden Lake
July 18th 2010

Massage Duration: 15 minutes Massage Cost: \$20.00

Massage Duration: 30 minutes Massage Cost: \$30.00

Massage Type

Therapeutic Deep Tissue Sports Massage

Is there a specific area you would like us to concentrate on? _____

Please mark your time preference for your massage:

9:00am	9:20am	9:40am	10:00am	10:20am	10:40am	11:00am
11:20am	11:40am	12:00am	12:20am	12:40am	1:00pm	1:20pm

First Name _____ Last Name _____

Home Address: _____

Phone: _____ Email: _____

Credit Card Type: _____ Card Number: _____

Expiration Date: _____ Full Name on Card: _____

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 massage fee is non-refundable. I authorize TEAM CLINIC to charge my credit card for the Massage Reservation Appointment:

Signature: _____ Date: _____