



REGISTRATION FORM

JANETTA MARAIS

P.O.BOX 39

STEYTLERVILLE

6250

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CELL: 082 364 6406

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WEBSITE: www.thehideawayspa.com

A. REGISTRATION

SURNAME	
FULL NAMES	
NICK NAME	
AGE	

CONTACT DETAILS:

ADDRESS	
TELEPHONE	
CELLPHONE	
E-MAIL ADDRESS	
OCCUPATION	

B. IN ORDER TO SERVE YOU TO THE BEST OF OUR ABILITIES WE NEED TO HAVE THE FOLLOWING INFORMATION:

MEAT EATING	
VEGETARIAN	
VEGAN	
IMPORTANT FOOD ALLERGIES	
DISEASES / HEALTH CHALLENGES WE NEED TO KNOW ABOUT	
ANY OTHER INFORMATION WE NEED TO HAVE:	
REASON FOR YOUR VISIT?	

C. PAYMENT

A 50% deposit fee is payable upon registration as we have to prepare for your visit. The outstanding amount is payable upon arrival. Total costs include everything: R3.800.

BANK TRANSFER: **THE HIDE-AWAY**
STANDARD BANK BRANCH CODE: 050-316
ACCOUNT NUMBER: 280240708

Fax proof of payments to: Janetta: 049 837 0099

D. THE LOVE-EVE FOUNDATION

If you have a friend that is in real need of the love treat we offer at The Hide-Away Retreat-Spa, please click on the website link or enquire telephonically or via e-mail.

Any contribution towards the support of your friend will be gracefully accepted. Contact Janetta for details.

SIGNATURE:

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Signed by client

.....
Date

NB:

Your visit to the Hide-Away Spa is completely voluntary. The programme consists of training and education on full body wellness. It also includes safe health treatments & therapies. Contraindications will be discussed during the Health Analysis.

The Hide-Away Spa cannot be held accountable for any side-effects experienced due to withholding important information from us.