



Reservation Form

Group

No. _____

Individual

Date _____

Contact Information

Contact Person Name _____

Home Address _____

E-mail _____

Phone _____

Hotel _____

Room _____

Hotel Check In Date _____

Local Contact Phone _____

Booking Information

Booking for Mulberry Spa Branch

Silom

Sukhumvit 23

Total Number of Persons in the Group _____

person

Treatment Date	Room	Client's Name	Treatment/Package Name	Tenor (Hours)	Treatment Start Time
	1	1.			
		2.			
	2	1.			
		2.			
	3	1.			
		2.			
	4	1.			
		2.			
	5	1.			
		2.			
	6	1.			
		2.			

	7	1.			
		2.			
	8	1.			
		2.			
	9	1.			
		2.			
	10	1.			
		2.			
	11	1.			
		2.			
	12	1.			
		2.			

- For a double suite room, please fill in the name of the couple.
- For a single room, please leave number 2 person name blank.

(_____)

Signature