



YOUR TIME | YOUR CALLING
YOUR MASSAGE SCHOOL

RESERVATION FORM: MASSAGE TRAINING INSTITUTE
1500 Airport Rd. , Kalispell, MT. 59901

GUEST DETAILS	
Family Name/Last name:	
First Name: (or preferred name)	
Address:	Telephone: Email Address:
ARRIVAL DATE	Departure Date:
Automobile Information	YOUR DESIGNATED PARKING WILL BE FOR THE NORTH SIDE OF THE BUILDING
LICENSE PLATE #	CAR MAKE: MODEL: YEAR:
\$30 PER NIGHT - \$60 FOR 2 NIGHT- CASH OR CHECK MAKE CHECKS TO "HEALTHY VISIONS, INC"	
Signature: _____	2 NIGHTS MAXIMUM - FRI/SAT NIGHTS ONLY NO GUESTS -EXTERIORS MUST REMAIN CLOSED AT ALL TIMES. PERSONAL ITEMS MAY NOT BE LEFT IN BUILDING. 6 PEOPLE IS MAXIMUM CAPACITY.
Name:	
<i>Kindly return this form to Michael Eayrs with your payment.</i>	
<i>Please submit your payment on the first day of your stay.</i>	