



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:
\$20 PER NIGHT - \$40 FOR 2 NIGHT- CASH OR CHECK MAKE CHECKS TO "TINA MALKUCH"	2 NIGHT MAXIMUM - FR ^{1/} SAT ONLY. NO PETS
Signature: _____	
Name:	
<i>Kindly return this form to Michael Eayrs with your payment</i>	