



RESERVATION REQUEST FORM

The State College Stay Spa

251 Easterly Parkway @ Parkway Medical Center State College, Pa 16801

814.272.0420 phone / fax 212.684.0019

Name: _____ Phone Number: (_____)_____

address: _____

City: _____ State: ____ Zip Code: _____

All rooms are Non-Smoking

Names, emails and addresses of guests

1.

2.

Stay Spa Retreat Description

whirlpool 1.5 bath Suite with a full bed and 2 1 hour Spa Sampler Packages(Massage & choice of facial or foot treatment)

Football Weekends Requests

Sept 4 & 5, 11 & 12, 18 & 19, 25 & 26, Oct 9 & 10, Nov 13 & 14 \$699

October 16th and 17th 2009 (PSU Homecoming) & Nov 6 & 7 Ohio State \$799

Graduations & Central Pa. Arts Fest \$799

METHOD OF PAYMENT

CREDIT CARD NUMBER _____ EXP. DATE _____ code _____ Zip _____

PROVISIONS

Prepayment in full is required on all reservations in order to reserve accommodations.

Sorry no refunds Credit issued only as a gift certificate. On site parking free.

2 night minimum stay required which includes Friday & Saturday nights.

I understand and agree to all provisions as stated above for reservations

SIGNATURE: _____ DATE: _____

Please Note: Reservation forms will not be processed unless an authorized signature appears above.