

# SPA FOR APPOINTMENT REQUEST

First Name:

Last Name:

CNIC: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

Street:

ID:

City:

State:

Zip:

Department Fitness:

This application is for the appointment of the:

1.  SPA

Member:

Outside Member:

-----  
Signature of Cleints : \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL:**

IT Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Of Club Head: \_\_\_\_\_ Date: \_\_\_\_\_

Company: SAFA FITNESS CLUB

Safa Gold Mall 5<sup>TH</sup> Floor  
safa fitness club,College  
Rd, F-7 Markaz F 7  
Markaz F-7, Islamabad,  
Fax : 051-2655530