QUA sm
BATHS & SPA

# Group Reservation Request

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|---|---|
| | Booking Date: |
| **Event:** | |
| **Event Date:** | |
| **Group Manager:** | |
| **Phone:** | |
| **Email:** | |

**Please complete form and email to:**
**Laurie Vasquez at LVasquez1@caesars.com or Cynthia Sabatini at csabatini@caesars.com**

| Guest Name(s) | Phone Number | Appt Time Frame | Preferred Treatment | |
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