

# Spa Guest Review Form

Name

Email

Date of Visit

Service(s) Received

e.g., Massage, Facial

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Overall Experience

1  
 2  
 3  
 4  
 5

Cleanliness

1  
 2  
 3  
 4  
 5

Staff Friendliness

1  
 2  
 3  
 4  
 5

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Additional Comments

Your feedback...