

Spa Guest Review Form

Name

Email

Date of Visit

Service(s) Received

e.g., Massage, Facial

Overall Experience

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Cleanliness

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Staff Friendliness

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Additional Comments

Your feedback...