

## LOYALTY SCHEME APPLICATION FORM



Surname\* .....

First name\* .....

Address\* .....

Email\* .....

Phone\* .....

Date of birth\* .....

By signing this application form, I agree to the terms and conditions of the LÁZNĚ LIBVERDA, a.s. loyalty scheme. I consent to the processing of my personal data in accordance with the GDPR. I agree to be sent special offers (discounts and bonuses) and marketing communications.

Date..... Signature.....

When you have completed the form, please email it to: rezervace@lazne-libverda.cz or hand it in at reception.

We will be pleased to answer any queries you may have on tel.: +420 482 368 100, 101, 102, 103 or 111

With many thanks from the LÁZNĚ LIBVERDA, a.s. team.

\* This field is required.

To be filled in by an employee of LÁZNĚ LIBVERDA, a.s.

Standard Spring     Bronze Spring     Silver Spring     Gold Spring

Spa Ace     Spa Professional

Submitted on (date):

Employee: