Dragonfly
Wellness Studio

Testimonial

If you do not have enough space for your testimonial please fill out a 2nd page by printing another one of these forms. If you have experienced more than one service at Dragonfly and would like to give a testimonial on them, please fill out a separate testimonial page for each. Please drop the form off at Dragonfly when completed or save the file on your computer and attach it to an email to Dragonfly at: amanda@dragonflywelnesstudio.com

Name: _____ **Age:** _____ **Location:** _____

Service: Massage ☐ Yoga ☐ Acupuncture ☐ Nutrition ☐ (Please Click on the Box Beside One Service)

Therapist/Instructor: _____

Your Experience: (Please include how this service or person has impacted, changed, or improved your quality of life)

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Will you allow Dragonfly to publish your testimonial on Dragonfly's website? **YES** ☐ **or NO** ☐
Can we include your FULL NAME and AGE on Dragonfly's website? **YES** ☐ **or NO** ☐

Signature X _____ (or facsimile if doing this electronically) **Date:** ___/____/____