

## Accessibility Accommodation Request Form

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Reason for Accommodation Request:**

Briefly explain the reason for your accommodation request.

Include any relevant medical, physical, psychological, or other circumstances that necessitate accommodation.

TOTAL WRAPTURE  
MEDI SPA

**Requested Accommodation(s):**

List specific accommodations you are requesting.

**To submit this form, please:**

1. Scan and email to [info@totalwrapture.ca](mailto:info@totalwrapture.ca), or
2. Mail or drop off at: Total Wrapture Medi Spa, 2255 Ness Ave  
#3, Winnipeg, MB R3J 0Z8

For any other questions regarding accessibility, please contact us  
by calling 204-837-9727 or by emailing [info@totalwrapture.ca](mailto:info@totalwrapture.ca).