

Spa Party Form

Primary Contact: _____ Phone #: _____

Date of Service: _____ Time Requested: _____ # of PPl: _____

E-Mail Address: _____

Special Notes (Anything the Salon/Staff should be aware of):

How did you hear about us?

Terms & Conditions:

Michelle's Salon & Spa at Five Seasons is proud to be able to offer our services for your party. Due to the time allotted for these Spa Services in our Technician/Therapist schedule, we do require a credit card to hold all Spa Party appointments. Any cancellations made to the appointment within 24 hours of the appointment time may be charged up to 100% of the booked service cost.

By signing, or typing your name below, you acknowledge that you have read, understand and agree to the above terms. Michelle's Salon and Spa at Five Seasons reserves the right to alter the contract wherever applicable in accordance with changes in accommodations and pricing.

Sign Here: _____ Date: _____

Credit Card #: _____

Exp. Date: _____ CVC Code: _____ Billing Zip Code: _____

