Spa Party Form

Primary Contact:		Phone #:		
Date of Service:	Time Request	:ed:	_ # of PPl:	
E-Mail Address:				
Special Notes (Anything th	e Salon/Staff should be awa	are of):		
How did you hear about us	?			
Terms & Conditions:				
to the time allotted for the credit card to hold all Spa 24 hours of the appointme	Five Seasons is proud to be a ese Spa Services in our Tech Party appointments. Any ca nt time will be charged up t week of services, may be c	nnician/Therapist sche ancellations made to th to 100% of the booked	dule, we do require a ne appointments within service cost.	
to the above terms. Miche	name below, you acknowled lle's Salon and Spa at Five S ble in accordance with char	easons reserves the rig	ght to alter the	
Sign Here:		Date:		
Credit Card #:				
Exp. Date:	CVC Code:	Billing Zip Code:	•	

Spa Party List:

<u>First Name</u>	<u>Last Name</u>	Phone Number	Services