



Spa Party Contract

Contact Information:

Host/Hostess: _____ Today's Date _____
Street: _____ City, State _____ Zip Code _____
Phone #'s: Daytime: () _____ Evening: () _____ Cell :() _____
E-mail address: _____

Event Information:

Date of Reservation: _____ Number of Guests: _____
Time of Arrival: _____ Treatment Start Time: _____

This contract is a binding agreement for service between the host/hostess and Heights Massage and Day Spa, LLC.

- Heights Massage and Day Spa must receive all names of guests and treatment choices listed on page 2 of this contract, no later than 14 days prior to reservation.
- The above information is imperative in determining how many therapist's will be required for your event needs.
- Guests should arrive 30 min. prior to the start of treatments to fill out intake forms, relax and get changed into robes as necessary.
- Treatments will begin promptly at time indicated above with treatments being done in rotation between guests in the party.
- Because our time is reserved specifically for your party, guests arriving late will not be guaranteed full treatment time and hostess will still be responsible for treatments reserved.
- A 20% gratuity will be added to services for parties of four or more. \$ _____
- You are allowed to use the outdoor pool and spa area if that is part of your package or unless other arrangements have been made for the time of the package. Each additional hour over that time is \$600.00 additional, prorated at \$150.00/15 minute increments, payable at end of session as an added service.
- The undersigned acknowledges that they are ultimately responsible for all treatments reserved in accordance to our cancellation policy.
- Any changes to the number of guests attending and/or the date or time of reservation must be done 14 days prior to date of reservation as indicated above to avoid being charged full amount of reservation and deposit forfeited.
- The host/hostess will be responsible for and charged the full amount of treatments reserved for any guests not in attendance the day of the reservation. Should any member of the party that we have on the contract not make their appointment, the below signer is still liable for the cost of the contracted services.
- Hostess understands the spa pool/hot tub and outdoor bar facilities are outdoors. Rain or Shine there are no substitutions or allowances made for less than perfect hot tub or pool weather.

Cancellations

Spa parties larger than 4 people have a 14 day cancellation/reschedule policy. One-half of the treatment price will be charged for cancellations and/or changes made within the cancellation window of the appointment time. No-shows are charged in full.

Payment

Unfortunately, we are not able to split parties into separate bills - one form of payment is expected for the entire party. The balance of all services is due before the start of the sessions on the date of the appointment. Any changes on the day of the event will be paid at the finish of service (added guests, etc...) We can not promise to service extra appointments without prior notice, but we will try.

The undersigned acknowledges that a deposit of 50% is required to reserve the appointments and is due at the time of signing this contract and is payable by credit card and signed agreement.

This amount will be refunded within 30 days of reservation provided there is no damage to our facility and all aforementioned conditions were met, or can be applied toward services rendered.

This form must be filled out, signed, dated and faxed or mailed directly to us before reservation will be binding.



Please list the names of members in the party, (or guest) that you wish to schedule that day. Also indicate their role in the party (Guest of Honor, Hostess, or guest) with their service preference and the time they need to be completed by if a specific order is a concern:

Name/Role in party	Service Requested	Price of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(please use additional sheet for more names and services listing)

Credit Card Information: Circle One: Master Card Visa American Express Discover

Card Number: _____

Number on Card: _____ Expiration: _____ Card Code: _____

Name as it appears on card: _____

Client Signature _____ Date _____

By signing this document the client does agree to terms and conditions of all pages of this contract.

If we are unable to perform this agreement due to fire or other casualty, strike, act of God, or other cause beyond Heights Massage and Day Spa's control or of the parties, then Heights Massage and Day Spa shall return the deposit to the client, but shall have no further liability with respect to this agreement.

Please send contract by faxing or e-mailing; date will be reserved when the deposit received, date along with contract signed and dated (each page).

Name _____ Date _____

(Please Print)

Payment by: Cash Credit Card How much received \$ _____ Date _____

Amount Due on Day of Event \$ _____

Signature of client requesting service

Signature of Spa coordinator accepting request

Return this contract to:

Heights Massage and Day Spa

1145 Lawrence Street

Houston, TX 77008

Email: heightsmassage@gmail.com Website: www.heightsmassage.com

Contact: 832-618-1145, 832 618-1141 or 832 428-2424

Fax: 866-548-3998