

Sue's Salon
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 Sues Salon

es must receive all names of guests and treatment choices listed on page 2 of this contract, no later than 14 days prior to reservation.

e above information is imperative in determining how many therapist's will be required for your event needs.

take forms will be emailed and must be completed prior to event. (Parties involving minor aged children (under 17) must have a parent/guardian signature before services can be performed.)

Guests should arrive 30 min. prior to the start of treatments to, relax and get changed into robes as necessary.

eatments will begin promptly at time indicated above with treatments being done in rotation between guests in the party.

cause 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.

20% gratuity will be added to services for parties of four or more. \$ _____

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 in 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.

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.

Payments

~One form of payment is required for the entire party.

Signed: _____

Dated: _____

~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 will do our best to service extra appointments without prior notice.

~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 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.

Name	Role in Party	Service Requested
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Card Number: _____

Expiration Date: _____ Security Code: _____

Name as it appears on card: _____

Client Signature: _____ Date: _____

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

If we are unable to perform this agreement due to casualty, strike, act of God, or other cause beyond Sues Salon’s control, then Sues Salon 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. Your Spa Party date will be reserved when the signed contract and deposit are received.

Each page must be signed and dated.

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:

Sues Salon 188 Harrison Avenue, Harrison, NY 10528, suessalon.net
914-835-3580
914-374-3036

