

Breathe...



BREATHE SALT SPA PARTY CONTRACT

Contact Information:

Host/Hostess:		Today's Date:			
Address:		State:		Zip Code:	
Phone:		Cell	Home	Email:	

Event Information:

Number of Guests:		Requested Date:		Time of Arrival:	
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This contract is a binding agreement for service between the host/hostess and Breathe Salt Spa. Breathe Salt Spa must receive all names of guests and treatment choices listed on [page 2](#) of this contract.

- The above information is imperative in determining how many therapists will be required for your event's needs.
- Guests should arrive 30 minutes prior to the start of treatments to fill out intake forms, relax and get changed into robes and slippers 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.
- 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 7 days prior to date of reservation as indicated above to avoid being charged the full amount of reservation.
- 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. Cancellations Spa parties larger than 4 guests have a 7 days cancellation/reschedule policy.

Deposit:

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. The total amount 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 cannot promise to service extra appointments without prior notice, but we will try.

BREATHE SALT SPA PARTY CONTRACT (cont.)

Guest Information:

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.

Guest 1:

Name:		Role:	
Service:		Phone:	

Guest 2:

Name:		Role:	
Service:		Phone:	

Guest 3:

Name:		Role:	
Service:		Phone:	

Guest 4:

Name:		Role:	
Service:		Phone:	

Guest 5:

Name:		Role:	
Service:		Phone:	

Guest 6:

Name:		Role:	
Service:		Phone:	

Guest 7:

Name:		Role:	
Service:		Phone:	

Guest 8:

Name:		Role:	
Service:		Phone:	

Guest 9:

Name:		Role:	
Service:		Phone:	

Guest 10:

Name:		Role:	
Service:		Phone:	

MORE THAN 10 GUESTS? EXCELLENT!





Please contact Breathe Salt Spa
Email: info@saltspatropicana.com | Phone: 609-385-0370

BREATHE SALT SPA PARTY CONTRACT (cont.)

Deposit Payment Information:

You may call with credit card information, or fill out the information below. **PLEASE NOTE: No party will be booked without a credit card on file.**

Credit Card Information:

Name:		Type:				
Card Number:		Exp Date:		CVV:		
Signature:		Date:				

By signing this document, the client does agree to the terms and conditions of all pages of this contract. Date of services will be reserved upon receiving the completed, signed and dated contract.

Please return this contract to:

B r e a t h e . . .
Salt Spa

Breathe... Salt Spa

2801 Pacific Ave. Atlantic City, NJ 08401

Phone: 609-385-0370

Email: info@saltspatropicana.com

FOR OFFICIAL USE ONLY:

Amount Due on Day of the Event:	
Signature of Spa Coordinator:	
Special Notes:	