



## MAIA SPA PARTY FORM

### Contact Information:

Host/Hostess:		Today's Date:			
Address:		State:		Zip Code:	
Phone:		<input type="radio"/> Cell <input type="radio"/> 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 MAIA Salon Spa and Wellness. MAIA Salon 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 guest 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 day 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 services (added guests, etc...). We cannot promise to service extra appointments without prior notice, but we will try.

**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 MAIA Salon Spa and Wellness Center:

Email: [spa@maiasalon.com](mailto:spa@maiasalon.com) Phone: (631) 257-5535

**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:	<input type="radio"/> 	<input type="radio"/> 	<input type="radio"/> 	<input type="radio"/> 
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:**



**MAIA Salon Spa & Wellness Center**

725 Smithtown Bypass, Smithtown, NY 11787

Phone: (631) 257-5535

Email: [spa@maiasalon.com](mailto:spa@maiasalon.com)

**FOR OFFICIAL USE ONLY:**

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