

Jasmine

salon & spa



Feel Beautifully Cared For

Experience Spa Party Worksheet

Date of Party: _____

Choose 2 of the following Express Service options. Services are 30 minutes each.
Hair Style, Make-up Application, Massage, Facial, Pedicure, Manicure, Foot Reflexology

Contact Person

Name	Address	
City, State, Zip	Home Phone	Cell Phone
Email Address		
Express Services Requested		

Participant

Name	Address	
City, State, Zip	Home Phone	Cell Phone
Email Address		
Express Services Requested		

Participant

Name	Address	
City, State, Zip	Home Phone	Cell Phone
Email Address		
Express Services Requested		

Participant

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Email Address		
Express Services Requested		

Participant

Name	Address	
City, State, Zip	Home Phone	Cell Phone
Email Address		
Express Services Requested		

Spa Party will be supplying food: **Yes** or **No**

*Aveda Comforting Tea, Alterra Coffee, and water will be available to all guests.
All other food and beverage will be the responsibility of the spa party.

Agreement

All reservations must be secured with a credit card. Cancellations are not acceptable less than 48 hours in advance. If services are cancelled less than 48 hours prior to appointments, the contact person will be charged 50% of the unpaid balance for all services booked. Reservations subject to availability. Contact person will receive confirmation when application is approved. Jasmine Salon & Spa is not required to inform all attendants of cancellation policy or confirmation of time and services. It is the contact person's responsibility to inform all members of this binding contract.
MAXIMUM OF 10 PARTICIPANTS. PRICES SUBJECT TO CHANGE.

Date: _____ Contact Person Signature: _____

Deposit

Credit Card: **Visa** **Mastercard** **American Express** **Discover** *Circle One*

Credit Card #: _____ Expiration Date: _____

Contact person will be paying for all services: **Yes** or **No**

Return to:

Jasmine Salon & Spa
c/o: Spa Party Coordinator
251 Cook Street
Lake Geneva, WI 53147

Phone: 262-249-9802 Fax: 262-249-9801