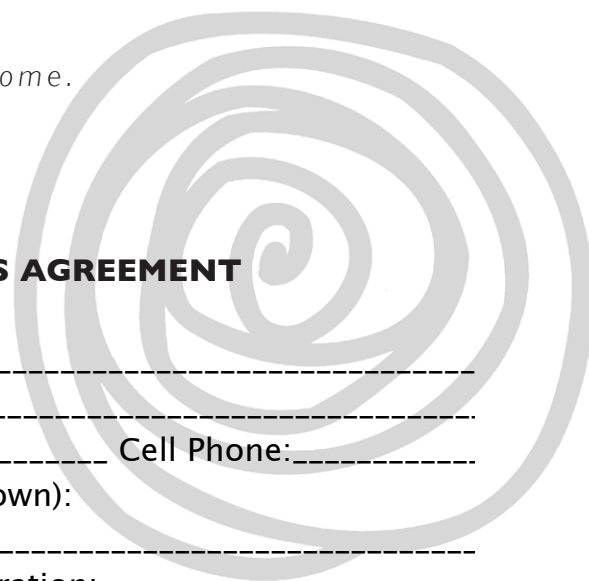


# actaea works, ltd.

... your home away from home.



## SPA PARTY TREATMENTS AGREEMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Local contact name and phone (if from out of town): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Celebration: \_\_\_\_\_

Number in party: \_\_\_\_\_ Estimated Package Price: \$ \_\_\_\_\_

Deposit: \$ \_\_\_\_\_

Photography Time: \_\_\_\_\_

Place: \_\_\_\_\_

Location for our services IN SALON/SPA OFF SITE

After Regular Business Hours Facility Charge: \$\_\_\_\_\_/HR.

Off-site mileage charge: \$\_\_\_\_\_ (please attach driving directions to location)

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

I, \_\_\_\_\_, agree to the estimated investment listed above. I understand and agree to the deposit of \$25.00 per hour per service provider scheduled prior to scheduling reservations. An 18% gratuity is added at time of service for all services performed. I understand that the deposit is non-refundable and will be applied to the services received. The balance is required on your event day. I understand that the deposit will not be refunded upon cancellation unless 72 hours notice is given by me via email to [reservations@actaea.com](mailto:reservations@actaea.com). I understand that no refund will be given for members of the party who miss their reservation on the day of the event.

I have read and agree to the Spa Event Policies. I have also received a service package worksheet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Actaea Works, Ltd. Director: \_\_\_\_\_ Date: \_\_\_\_\_