



Spa Party Booking



Contact Person _____

Contact Person number: Primary _____ Secondary _____

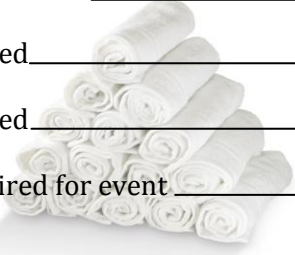
Contact Person email address _____

Date of Event: Preferred _____ Alternative _____

Time of Event: Preferred _____ Alternative _____



Number of hours required for event _____



Name of participant	Primary Phone Contact	Email address	Service(s) Desired
1.			
2.			
3.			
4.			
5.			

Cancellation policy



By signing below, you agree to the following. This agreement is legally binding as a contract between the signor and *Renu* Day Spa:

A fifty-percent (50%) deposit is required before any booking is confirmed. Confirmation means the requested arrangements will be honored. Due to the space being held off the market and unavailable at the agreed time and date, bookings cancelled in less than five (5) business days (i.e. Monday- Friday) before the date of the event will result in forfeiture of the afore mentioned deposit.

Responsible party: _____
Please print

Date: _____

Signature: _____

The following section is for Spa Management Use Only

Confirmed by: _____

Confirmation Number: _____

Deposit Amount: _____

Receipt Number: _____