



Private Party Planning Form & Agreement

We're excited to assist you in planning a memorable day for your group at Re Salon and Med Spa!

When you have completed your Spa Party Planning Form, please return it to us via email to lindsey@resalonandmedspa.com. Return will serve as acknowledgement of our Spa Group Policies listed at the end of this document. Our Spa Concierge will contact you within 24 hours of receipt to finalize details and answer any questions. Please confirm that guests in your party are aware of our 14 day cancellation policy and the need to arrive promptly to guarantee full service time. We suggest you email the Spa Policy information to all guests to assure the smoothest, most enjoyable experience at Re Salon and Medspa. We look forward to seeing you soon!

Party Contact Person: _____

Contact Email: _____ Phone Number: _____

Event Name: _____ Date Requested: _____

What would be your ideal time to begin your experience with us? _____ Until _____

Is this Spa Party celebrating a special event? _____ Is it a surprise? _____

If so, who is the guest of honor? _____

Number of guests in your party? _____

Is there anything else we should know about your desires for the day?

Optional: Your reservation will include the use of our Serenity Room for a fee of \$200. Beverages will be provided with Reservations of up to 6 people. If your party is larger or has any special requests, we can surely accommodate you while additional fees may apply.



Guest Service Selection

This is the fun part!

Event Name: _____

DATE	NAME	SERVICE	TIME

Any other desired services or add-on's: _____

Anything else? (health concerns, questions, etc.)



Re Salon and Med Spa policies and important information.

Thank you for collecting the information needed for us to provide your party with an amazing experience! We realize the role of Spa Party contact can be time consuming. In attempts to support you in organizing a memorable and stress free day, we've included the following information for you to share with the guests who will accompany you. **We've found that when everyone is informed and expectations are clear, the day is more enjoyable and relaxing for all!** We know it's a substantial amount of information and suggest cutting and pasting it into an email to all as a simple method to convey it efficiently. Please feel free to contact us with any further questions at 704.334.8087 and we will see you soon at Re Salon and Med Spa!

Helpful Information:

Re Salon and Med Spa's parking is located directly behind the building . We are located at 1212 South Blvd. Charlotte, NC 28203.

A credit card number is needed to make your reservations for services. One card can be used to hold all reservations and will not be charged unless needed to honor our **cancellation policy**. These times are reserved specifically for you. We require at least a **14 full days notice** for changes or cancellations to Spa Party appointments to avoid a 25% charge. Appointments missed without notice will be charged 50% cost of services. If desired, individuals can utilize alternate forms of payment for their services on the day of the Spa Party.

For parties of 5 or more, a **20% gratuity** (rounded to the dollar) is included in your cost and will be dispersed to the appropriate practitioners. Even though gratuities are usually payable only in cash, **for parties or 5 or more**, we are able to include the 20% gratuity on credit card payment and will disperse to the appropriate practitioners.

Re Salon and Med Spa is **unable to split transactions**. If your group desires to pay for the guest of honor's services we will gladly give you the total by email prior to your event so that you can plan accordingly.

Check in time is 30 minutes prior to start of appointments. This will give you the opportunity to tour the facility, meet your team of service providers, fill out any necessary paper work and of course relax in our Serenity Room with a beverage. If unexpected complications lead to **late arrival**, your services will still need to end at their scheduled time. Please allow adequate time to arrive at Re Salon and Med Spa so that your day can be experienced to its fullest.

Though **children** are an amazing asset in our lives, Re Salon and Med Spa's environment is not appropriate for unaccompanied children.

We appreciate communication between guests and our employees. If you need anything (lower music volume, a robe to change into, a refreshment refill...etc.) please do not hesitate to ask!

We look forward to Creating your perfect Spa party experience!

By: _____

Signature: _____

Date: _____

CREDIT CARD AUTHORIZATION FORM		CARDHOLDER INFORMATION:			
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
TYPE OF ACCOUNT	PERSONAL		BUSINESS		
COMPANY NAME					

ACCOUNT NUMBER					
EXPIRATION DATE					
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL		FAX NUMBER	

AUTHORIZED USER OF CREDIT CARD	
NAME	
COMPANY	
PHONE NUMBER	
EMAIL ADDRESS	
IDENTIFICATION	
RELATION TO OWNER	
TYPE OF CHARGES	
AUTHORIZED AMOUNT	
DATES OF CHARGES	

AUTHORIZATION OF CARD USE
<p>We require at least 14 full days notice for changes or cancellations to Spa Party appointments to avoid a 25% charge. Appointments missed without notice will be charged 50% cost of services. If desired, individuals can utilize alternate forms of payment for their services on the day of the Spa Party. This Credit card will secure the date and will only be charged if changes or cancellations are made-</p> <p>I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate</p> <p>I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.</p>

CARDHOLDER NAME			
SIGNATURE		DATE	