



In order to simplify the scheduling of spa parties, we have created this form in such a way that one person can fill in all of the info or the form can be forwarded to all guests in the party to complete and return. It is best if one person is designated as the primary contact for all spa communications. That person will be required to provide a credit card at the time of booking to reserve the appointments.

All spa parties of 4 or more a subject to a 72 hour change/cancellation policy. Failure to change or cancel any appointments 72 hours prior to arrival will result in an automatic charge of 50% of the services cancelled.

Invite all guests to visit our web site at [www.thepaofessex.com](http://www.thepaofessex.com) and chose their service(s.) Their choices should be listed with the most desired first.

Time is of the essence in the scheduling of parties...the earlier you are able to set your day the better. If you advise all guests that they must respond by a certain date or that you (the Party Planner Extrordinaire) will chose their services for them, they usually respond!

An automatic gratuity of 20% is charged to all parties of 4 or more.

Desired Date: \_\_\_\_\_  
Requested Start Time: \_\_\_\_\_

**Guest # 1 Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone :** \_\_\_\_\_  
Services Desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Guest # 2 Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_  
Services Desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Guest #3 Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

Services Desired: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Guest # 4 Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_

Services Desired: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Guest #5 Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_

Services Desired: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of event: \_\_\_\_\_

Do you have any special requests: \_\_\_\_\_

\_\_\_\_\_

Will you be dining with us: Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be bringing liquor: Yes \_\_\_\_\_ No \_\_\_\_\_

What time are your available to start: \_\_\_\_\_ What time must be depart: \_\_\_\_\_

Please use as many forms as necessary to include all guests.