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Botox & Filler Private Party Group Booking Contract

Thank you for choosing ***SkinReMEDI by Natural Body Spa*** for your special occasion. We are delighted to provide you and your party with a relaxing haven and memorable experience. Please review our group booking information for parties of ***5 or more*** *(subject to change due to occasion and services)* and complete our Group Booking Form so that we may best accommodate your needs.

- ***Reservations*** – all parties require a credit card to hold reservations.
- ***Groups are required to have one designated contact for the event.*** The group contact person is responsible for providing the names in the party, services each member will receive and the desired starting times of services.
- ***Private Event Space*** – A $300, non-refundable fee is required to reserve the private event space for parties of 5-12.
- ***Last Minute Schedule Change*** – Prior to 72 hours of the scheduled event, the Natural Body Group Coordinator will assist you in scheduling your group and any changes you may need. However, in order to provide a calm and tranquil occasion for your event, we will be unable to make adjustments to the final schedule, agreed upon by both parties, 72 hours prior to the event.
- ***Cancellations*** – Due to the high demand for service appointments, as well as courtesy to your provider, group bookings require a 72 hour cancellation notice for any changes to any participant's service. Cancellations of less than 72 hours will be charged an injector fee of $100.00.
- ***Food*** – Guests are welcome to bring their own food and beverages to our spa. We do however require they are non-heated foods that do not produce any food odors so that we may maintain our spa atmosphere and ambience. ***If you wish to bring food into the spa you are required to bring your own serving dishes, plates, cutlery, cups, napkins, etc.*** Our guest services staff is happy to assist you with the setup of all of your event items.
- ***Drinks –*** Natural Body & SkinReMEDI discourages the consumption of alcoholic beverages due to the contraindications of neuromodulators and dermal fillers.

Written Agreement – I agree to the terms outlined above. By acting as group contact person, I assume responsibility for all associated fees or cancellations as referenced above.

Group Contact Name (print) Contact Phone Number

E-mail Address

Group Contact Signature Date:

The group contact's credit card number will be used to reserve all appointments and to pay for any cancellation charges or fees. It may be used for the total charges, but group participants are certainly welcome to pay separately and/or individually for their services upon checkout. A gratuity fee of 20% will be applied to each service. ***Please see Group Booking Credit Card Authorization Form. This form must be completed in order to reserve group appointments.***

Date of desired group booking:

Total number of group participants:

In order to ensure the most optimal experience for each client, please list each group participant in the spaces provided below and complete the required information for each participant. If there is a special occasion involved, please note the relevance of each participant (bride, mother of the bride, birthday girl, graduate, etc.).

Group Participant: #1

Name:

Services requested: Botox / Filler

Account Type: _ Individual (Personal Credit Card) _ Corporate

Company Name (for Corporate card only):

Credit Card Number: Expiration Date: CVV: (3 or 4 digit security code)

Billing Address (where statement is mailed):

City, State, and Zip:

Phone:

Fax or Email Address:

Rate Information and Approved Charges

Total Amount of Services: Gratuity Amount:

I certify that all information is complete and accurate. I hereby authorize Natural Body Spa and Shoppe to collect payment for all charges as indicated in the Rate Information and Approved charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire day. I understand a new form will have to be completed if guest wishes to add on additional services. I certify I am the authorized signer of the credit card listed above.

Cardholder name (printed):

Cardholder Signature: Date:

Group Participant: #2

Name: _____

Services requested: Botox / Filler

Account Type: _ Individual (Personal Credit Card) _ Corporate

Company Name (for Corporate card only): _____

Credit Card Number: _____ Expiration Date: _____ CVV: (3 or 4 digit security code)

Billing Address (where statement is mailed): _____

City, State, and Zip: _____

Phone: _____

Fax or Email Address: _____

Rate Information and Approved Charges

Total Amount of Services: _____ Gratuity Amount: _____

I certify that all information is complete and accurate. I hereby authorize Natural Body Spa and Shoppe to collect payment for all charges as indicated in the Rate Information and Approved charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire day. I understand a new form will have to be completed if guest wishes to add on additional services. I certify I am the authorized signer of the credit card listed above.

Cardholder name (printed): _____

Cardholder Signature: _____ Date: _____

Group Participant: #3

Name:

Services requested: Botox / Filler

Account Type: _ Individual (Personal Credit Card) _ Corporate

Company Name (for Corporate card only):

Credit Card Number: Expiration Date: CVV: (3 or 4 digit security code)

Billing Address (where statement is mailed):

City, State, and Zip:

Phone:

Fax or Email Address:

Rate Information and Approved Charges

Total Amount of Services: Gratuity Amount:

I certify that all information is complete and accurate. I hereby authorize Natural Body Spa and Shoppe to collect payment for all charges as indicated in the Rate Information and Approved charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire day. I understand a new form will have to be completed if guest wishes to add on additional services. I certify I am the authorized signer of the credit card listed above.

Cardholder name (printed):

Cardholder Signature: Date:

Group Participant: #4

Name: _____

Services requested: Botox / Filler

Account Type: _ Individual (Personal Credit Card) _ Corporate

Company Name (for Corporate card only): _____

Credit Card Number: _____ Expiration Date: _____ CVV: (3 or 4 digit security code)

Billing Address (where statement is mailed): _____

City, State, and Zip: _____

Phone: _____

Fax or Email Address: _____

Rate Information and Approved Charges

Total Amount of Services: _____ Gratuity Amount: _____

I certify that all information is complete and accurate. I hereby authorize Natural Body Spa and Shoppe to collect payment for all charges as indicated in the Rate Information and Approved charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire day. I understand a new form will have to be completed if guest wishes to add on additional services. I certify I am the authorized signer of the credit card listed above.

Cardholder name (printed): _____

Cardholder Signature: _____ Date: _____

Group Participant: #5

Name: _____

Services requested: Botox / Filler

Account Type: _ Individual (Personal Credit Card) _ Corporate

Company Name (for Corporate card only): _____

Credit Card Number: _____ Expiration Date: _____ CVV: (3 or 4 digit security code)

Billing Address (where statement is mailed): _____

City, State, and Zip: _____

Phone: _____

Fax or Email Address: _____

Rate Information and Approved Charges

Total Amount of Services: _____ Gratuity Amount: _____

I certify that all information is complete and accurate. I hereby authorize Natural Body Spa and Shoppe to collect payment for all charges as indicated in the Rate Information and Approved charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire day. I understand a new form will have to be completed if guest wishes to add on additional services. I certify I am the authorized signer of the credit card listed above.

Cardholder name (printed): _____

Cardholder Signature: _____ Date: _____

Group Participant: #6

Name:

Services requested: Botox / Filler

Account Type: _ Individual (Personal Credit Card) _ Corporate

Company Name (for Corporate card only):

Credit Card Number: Expiration Date: CVV: (3 or 4 digit security code)

Billing Address (where statement is mailed):

City, State, and Zip:

Phone:

Fax or Email Address:

Rate Information and Approved Charges

Total Amount of Services: Gratuity Amount:

I certify that all information is complete and accurate. I hereby authorize Natural Body Spa and Shoppe to collect payment for all charges as indicated in the Rate Information and Approved charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire day. I understand a new form will have to be completed if guest wishes to add on additional services. I certify I am the authorized signer of the credit card listed above.

Cardholder name (printed):

Cardholder Signature: Date:

Group Participant: #7

Name: _____

Services requested: Botox / Filler

Account Type: _ Individual (Personal Credit Card) _ Corporate

Company Name (for Corporate card only): _____

Credit Card Number: Expiration Date: CVV: (3 or 4 digit security code)

Billing Address (where statement is mailed): _____

City, State, and Zip: _____

Phone: _____

Fax or Email Address: _____

Rate Information and Approved Charges

Total Amount of Services: Gratuity Amount:

I certify that all information is complete and accurate. I hereby authorize Natural Body Spa and Shoppe to collect payment for all charges as indicated in the Rate Information and Approved charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire day. I understand a new form will have to be completed if guest wishes to add on additional services. I certify I am the authorized signer of the credit card listed above.

Cardholder name (printed): _____

Cardholder Signature: Date:

Group Participant: #8

Name:

Services requested: Botox / Filler

Account Type: _ Individual (Personal Credit Card) _ Corporate

Company Name (for Corporate card only):

Credit Card Number: Expiration Date: CVV: (3 or 4 digit security code)

Billing Address (where statement is mailed):

City, State, and Zip:

Phone:

Fax or Email Address:

Rate Information and Approved Charges

Total Amount of Services: Gratuity Amount:

I certify that all information is complete and accurate. I hereby authorize Natural Body Spa and Shoppe to collect payment for all charges as indicated in the Rate Information and Approved charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire day. I understand a new form will have to be completed if guest wishes to add on additional services. I certify I am the authorized signer of the credit card listed above.

Cardholder name (printed):

Cardholder Signature: Date:

Group Participant: #9

Name: _____

Services requested: Botox / Filler

Account Type: _ Individual (Personal Credit Card) _ Corporate

Company Name (for Corporate card only): _____

Credit Card Number: Expiration Date: CVV: (3 or 4 digit security code)

Billing Address (where statement is mailed): _____

City, State, and Zip: _____

Phone: _____

Fax or Email Address: _____

Rate Information and Approved Charges

Total Amount of Services: Gratuity Amount:

I certify that all information is complete and accurate. I hereby authorize Natural Body Spa and Shoppe to collect payment for all charges as indicated in the Rate Information and Approved charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire day. I understand a new form will have to be completed if guest wishes to add on additional services. I certify I am the authorized signer of the credit card listed above.

Cardholder name (printed): _____

Cardholder Signature: Date:

Group Participant: #10

Name:

Services requested: Botox / Filler

Account Type: _ Individual (Personal Credit Card) _ Corporate

Company Name (for Corporate card only):

Credit Card Number: Expiration Date: CVV: (3 or 4 digit security code)

Billing Address (where statement is mailed):

City, State, and Zip:

Phone:

Fax or Email Address:

Rate Information and Approved Charges

Total Amount of Services: Gratuity Amount:

I certify that all information is complete and accurate. I hereby authorize Natural Body Spa and Shoppe to collect payment for all charges as indicated in the Rate Information and Approved charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire day. I understand a new form will have to be completed if guest wishes to add on additional services. I certify I am the authorized signer of the credit card listed above.

Cardholder name (printed):

Cardholder Signature: Date: