



Salon
&
Day Spa

CHANGES

Changes Salon & Day Spa Group Events

- * All groups of 5 or more must be booked through Group Services ext. 236
- * An \$80 minimum per client is required for groups of 5 or more.
- * An 18% gratuity will be added to all services.
- * A valid credit card number is required to secure reservations.
- * **Your credit card will be billed in the event of: no show or cancellation with less than 72-hours notice prior to scheduled time of services. In such cases, cancellation charges shall include service fee and gratuity.**
- * **No changes will be allowed less than 72 hours prior to event and/or final confirmation has occurred.**
- * Spa guests must be at least 18 years of age, unless accompanied by a parent or legal guardian.
- * An additional facility charge may be added to any events requiring specialized services and/or accommodations.
- * Parties of 10 or more may incur a facility fee to accommodate extra staffing to host the group.
- * Arrangements for food, any type of beverages must be approved by Changes Group Services.
- * Changes is not responsible for delays due to weather, traffic, construction, directions or any other instances beyond our control.
- * **Unless entire spa is reserved, there may be other Changes clients in spa during your event. Please maintain the spa environment so everyone can enjoy a tranquil and relaxing experience.**
_____ (please initial)
- * **In order to maintain the relaxing and tranquil atmosphere of our spa, we require quiet spa voices are used at all times.** _____ (please initial)

I understand and accept the terms and conditions outlined above:

Signature: _____

Date: _____

Name: _____

Credit Card#: _____ **Expiration:** _____

Name as it appears on card: _____

Billing Address: _____

Telephone #: _____

Event Date: _____

Please fax this document to (925) 947-1235 Attention: Cristiana Andersson

Changes Salon & Day Spa, Inc.
1475 N. Broadway Walnut Creek, CA 94596
(925) 947-1814
changessalon.com

Event Date:_____

What is the occasion? (circle one) Birthday Wedding Corporate Graduation Baby Other _____

Contact Name (Group Leader): _____

Email:_____

Telephone:_____ Fax:_____

Guest of honor name (if applicable):_____

Preferred start time of services:_____ AM/PM

Notes: _____

| Client Name and Address | Telephone number and Email address | Service/Treatment | Gender preference of therapist? Male, Female or None |
|-------------------------|------------------------------------|-------------------|---|
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