



8900 Mentor Avenue Mentor, Ohio (440) 974-4001

Spa Party Contract

Thank you for choosing Tryst Salon and Spa for your special event. Whether it is a handful of your best girl friends, an office party, or your little princess' birthday party, let us host an event you won't forget! You can start your night with us or make it your main event. Parties can be held during normal business hours while open to the public, or larger parties may be booked during non-business hours. You provide the refreshments and leave it to our party planner to help you with the rest. One thing is for sure, your next birthday party, bridal shower, or girls night out will be the best looking and most unique affair you have ever hosted. Please complete and return a copy of the following forms so we can schedule all of the services needed for you and your guests. Please be aware that this agreement is a contract that requires cash or credit card to reserve all of your appointments. If these services are cancelled 10 days before your event date, we will refund the deposit. Cancellations after this point will not be refunded. Any changes need to be made 10 days in advance. Any "no shows" or cancellations to any appointments without 24 hours notice will be charged in full for services booked. For your convenience, the remaining balance, including a 20% gratuity, is due upon the completion of services. We hope this will help add to the ease and enjoyment of your day.



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I, _____, have read and fully understand all of the above terms and conditions. I agree to them and consent to them as stated above.

(Signature)

Event Information

Name _____ Event Date _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Evening Phone _____

Email _____

Deposit Due at Signing:

4-6 people 10% of estimated total \$ _____ Date Paid _____

7-12 people 25% of estimated total \$ _____ Date Paid _____

12 and over 50% of estimated total \$ _____ Date Paid _____

Method of Payment: MasterCard/Visa Discover American Express Cash

Card Number _____ Exp. Date _____ Security Code _____

Guests should arrive 15 minutes prior to their scheduled appointment time. Please note that late arrivals will determine the length of treatments, and you will be responsible for the entire amount of the service cost. Your service will end according to the originally scheduled service time.



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Members of Party and Services Requested

Name

Service

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

*Please add additional members/services on the back of this form.