

Our professionally trained Stylists, Make-Up Artists and Spa Techs cater specifically to the individuality of each and every guest. We endeavor to ensure your experience with us is a stress-free, meticulous beauty affair. *Kindly take a moment to let us know a little about you, your party and your event.*

Name: _____ Date and Time of Event: _____
Address: _____
(P) _____ (E) _____

Alternate Contact

Name: _____ Relation: _____
(P) _____ (E) _____

Type of Event: Spa Party -In-Salon

Desired start time: Desired finish time: _____

Will party be bringing refreshments? Y N

Details=

Terms, please initial for acceptance.

A 50% deposit is required at time of booking, dates will not be guaranteed or secured without a deposit. Payment in full is due 21 days prior to the event. We ask that one person be responsible for deposit and final payment. _____

Deposits will be refunded in full if party cancels no later than 21 business days prior to the event. There will be NO REFUND for parties that have paid in full. _____

Appointments on final schedule are guaranteed by time and may not be able to be fully completed if party is running late. We ask that each person be available for their appointment 10-15 minutes prior to their scheduled time. You will be charged in full for any party member who arrives late and can not be done. _____

Changes to the contract may be made by yourself or your alternate contact and ONLY with our Event Coordinator. There is no guarantee for time or availability on last minute changes. _____

All make-overs are done on clean skin. If your technician needs to cleanse your skin prior to your scheduled service you will be charged an additional \$15 per occurrence. _____

If balance is not paid in full by 6pm 21 days prior to the event we will assume the event was abandoned. Appointments will be cancelled and the deposit will be forfeited. _____

For Bridal or Spa Parties scheduled prior to 7am there will be additional \$100 fee per Stylist or Artist. _____

Upon signing this contact you accept all TERMS without question as stated above.

Guest Signature _____ Date _____

Please return the signed agreement with your deposit. **Please DO NOT SEND CASH.** You will receive a copy for your records. If paying by check we allow for 10 business days for the check to clear prior to scheduling. Additionally, if you are paying your balance by check please make sure your check arrives 35 days prior to the scheduled event.

Please make checks out to Beauty and Wellness Spa at Innovations.

You may email your contract to Jennifer or Layne at innovations1994@mac.com

You may mail your contact to:

Beauty and Wellness Spa at INNOVATIONS Salon & Spa

PO Box 2527 Liverpool, NY 13089

You may fax your contract to Jennifer at 315.703.3152

Thank you for choosing
the Beauty and Wellness Spa & Boutique at INNOVATIONS Salon & Spa
to be a part of your special day.

Deposit amount: _____ paid by: _____

received by: _____ date: _____

FINAL PAYMENT DUE:

Date: _____ Amount: _____

FINAL PAYMENT:

Received by: _____

Date: _____ Amount: _____