**Special Event Proposal**

*Thank you for choosing \_\_\_\_\_\_\_\_\_\_\_for your special group gathering! Our staff will strive for excellence in making your visit unforgettable. In our experience, we’ve learned that it is best to serve not only your group as a whole, but to also accommodate each individual guest! To do so, we ask you to be as detailed as possible to ensure your stay with us is carefree and relaxing even before you walk in our doors. These notes are convenient for our files, as well as for yours.*

Please choose one guest as your Primary Event Hostess with whom we can communicate during the booking process.

Primary Hostess: Phone: E-mail:

Type of Event: Number of Guests:

Name of Bride if bridal party:

Date & beginning time of services (morning, afternoon, specific time): Do you have a specific time your party needs to be out of the spa? Y/N Time:

\*Please keep in mind, we ask **all members of your party to arrive no later than 30-45 minutes prior to their service times**. If anyone wishes to take advantage of our complimentary hot tub and steam room facilities, we ask that you **arrive at least 1 hour early**. This ensures enough time for everyone to check-in and get changed in the locker room. Please forward the Client Information form below to your guests so that they may fill it out beforehand and bring it with them. This helps expedite the check-in process.

***Hint!*** For a quicker check-in, our “Lunch Menu” can be printed from our website and filled out prior to your arrival if a lunch is included with your package. Just be sure to bring it with you, or email it to us.

##### \*Please note: If you wish for this event to remain a surprise for any of your guests, please note this with their information so they will not receive our courtesy confirmation call via email or text message.

After reviewing our online menu at \_\_\_\_\_\_\_\_\_\_\_\_\_\_or our detailed brochure, please make note of the package or services each individual guest would like to request on the forms provided. **Please be sure to note any special needs or upgrades on packages and services**.

# \*\*For more detailed information on upgraded services, please refer to Page 3\*\*.

Please make note of any additional food (lunches, snacks or party trays) you might want available for your guests. Keep in mind, many of our packages already include lunches or snack plates. **With parties of 5 or more, an 18% gratuity is added to the total of services.**

To avoid any hassle or time delays on the day of the party, many of our guests prefer to take care of the full payment prior to the day of their event. Otherwise, we request a down payment of 50% of the overall cost (the rest will be taken care of on the day of services, prior to your departure). See Page 2 to enter in your credit card information and payment preferences.

Please enter the credit or debit card number you wish to use to reserve your appointments.

#### Card Type: Name as it appears on card: \_

- - -\_ **Exp. Date:** \_

#### Total of All Individual Prices: $\_ Any Food Included: $

**18% Gratuity: $ Overall total of event: $**

**Required ½ Deposit: $**

**Please choose one:**

Please bill my credit card for the full payment. $

Please only charge a down payment of 50% and I will pay the remainder on the day of services.

\*Please note, your credit card will not be charged until we have sent you an itinerary of your services for approval.

**Upon your arrival at \_\_\_\_\_\_\_\_\_\_\_\_:**

As mentioned before, we request all guests in your party arrive no later than 30-45 minutes prior to the start time of their services, unless you wish to use the hot tub and steam room facilities, in which case we ask that you arrive an hour early. This extra time allows guests to check in at the front desk, put your things away in a locker, change into a robe, a wrap and slippers provided by us and enjoy a refreshing beverage before services begin. We offer up to **TWO** complimentary alcoholic beverages per person. We would also like to remind our guests to use their spa voices while they are here, as there are other services going on. Some treatment rooms are very close by and other guests could potentially be disturbed.

**Other Frequently Asked Questions:**

***Where are you located?***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***What is your cancellation policy?***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## What do I need to bring/wear?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Do I need to remove my makeup first if I’m having a facial treatment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## What if everyone in my party wishes to pay separately at checkout?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please feel free to add any additional questions or concerns we may not have not already answered.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Information Sheet**

LAST NAME: FIRST NAME: MI: \_ ADDRESS: CITY: STATE: ZIP: DATE OF BIRTH: HOME#: CELL#:

E-MAIL

HOW DID YOU HEAR ABOUT US? OCCUPATION:

ARE YOU CURRENTLY TAKING ANTIDEPRESSANTS, MOOD ALTERING OR OTHER PRESCRIBED MEDICINE?

ARE YOU CURRENTLY UNDER A PHYSICIANS CARE? IF YES, DESCRIBE:

**DO YOU HAVE A WAXING APPOINTMENT TODAY? YES NO**

**DO YOU HAVE A HISTORY OF THE FOLLOWING**? (Circle all that apply)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Accidents | | | Sprains | Breast Augmentation | | Decreased Range of Motion |
| Neck Pain | | | Seizures | Diabetes | | Sexually Transmitted Diseases |
| Whiplash | | | Abdominal Pain | Varicose Veins | | Headaches |
| High Blood Pressure | | | Disk Problems | Stroke | | Mild Back Problems |
| Low Back Pain | | | Allergies to Oils | Wear Contacts | | Broken Bones |
| Heart Condition | | | Arthritis, Bursitis | Surgery | | Auto Immune Disorder |
| Have Prosthesis | | | Nervous Tension | Joint Aches | | Cancer |
| Colitis | | |  |  | |  |
| **Circle yes or no to the following questions**: | | | | | | |
| YES | NO | Do you smoke? | | YES | NO | Do you burn easily in moderate sunlight? |
| YES | NO | Had chemical peels? | | YES | NO | Suffer from sinus problems? |
| YES | NO | Use Retin-A? | | YES | NO | Do you have specific skin concerns? |
| YES | NO | Use the acne drug Acutane? | |  |  | If yes, specify” |
| YES | NO | Have regular sleep patterns? | | YES | NO | Are you taking oral contraception? |
| YES | NO | Experience skin breakouts? | | YES | NO | Drink caffeinated beverages (tea, coffee |
| YES | NO | Experience ingrown hair? | |  |  | And soft drinks)? How many? |
| YES | NO | Exercise regularly? | | YES | NO | Consume water on a daily basis? If yes, |
|  |  |  | |  |  | How much? |

Do you experience any of the following conditions on your skin? (Circle all that apply) Flakiness Obvious dryness Redness Tightness Oiliness

Have you ever had any reactions to any of the following? (Circle all that apply)

Cosmetics Pollen Food Medicine Fragrance Iodine Sunscreens Other:

Is there anything Santa Fe should be aware of before we start this procedure?

**PLEASE READ THE FOLLOWING AND SIGN BELOW**

Reservations cancelled without prior notice will be billed at full price of each service scheduled.

I understand that this procedure is not a replacement for medical care and that no diagnosis will be made. I am responsible for paying for any appointment cancellation of less than 24 hours.

DATE: SIGNATURE:

# GUEST SERVICES SHEET

### Guest: Phone: E-mail: Requested Services:

Any additional requests/preferences:

Total Individual Price:

Guest: Phone:

E-mail: Requested Services:

Any additional requests/preferences:

Total Individual Price:

Guest: Phone:

E-mail: Requested Services:

Any additional requests/preferences:

Total Individual Price:

Guest: Phone: E-mail: Requested Services:

Any additional requests/preferences:

Total Individual Price:

Any additional requests/preferences:

Total Individual Price:

Guest: Phone: E-mail: Requested Services:

Any additional requests/preferences:

Total Individual Price:

Guest: Phone: E-mail: Requested Services:

Any additional requests/preferences:

Total Individual Price:

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Total Individual Price: