



407.737.3717 tele 407.737.3767 facsimile
info@peterjacobsalon.com

Spa Party Reservation Form

Today's date: _____

Your name: _____

Phone number: _____ E-mail: _____

Requested date and time of Spa Party: _____

Please list names, contact phone, contact e-mail, and services being requested for *each* attendee on the following page. Print out as many of the following page that you need. Once the date and time have been confirmed by telephone, a credit card will be used to reserve your time.

Cancellation Policy - Group cancellations require anywhere from forty-eight hours to one week notice, depending on size of the group and season. Details can be discussed at the time of reservation. A \$25 fee will be charged for each service for no-shows/insufficient cancellation notices on services that require a credit card reservation. No cash Refunds. Priced listed are subject to change without notice.

Name on Credit card: _____

Type of card: _____ Exp. Date: _____

Credit card number: _____

Signature of cardholder: _____

Address of cardholder: _____

City, State, & Zip: _____

<p>Name: Service(s) Requested:</p> <p>Contact phone: E-mail address:</p>
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Name:
Service(s)
Requested:

Contact phone:
E-mail address:

Name:
Service(s)
Requested:

Contact phone:
E-mail address:

Any Other Questions? - You can contact us by telephone, fax, email or just stop by the spa so we can answer any questions you may have.

FOR STAFF USE ONLY	
Reservation date & time:	_____
Reservation made by:	_____
Date receipt sent back to purchaser:	_____
	_ credit card information concealed upon return facsimile
Services and prices included:	
Gratuities included:	_ Y \$ _____ _ N
Total amount charged to credit card: \$	