



Eshe Spa Group Event Confirmation

Phone: 312.675.0200 | Fax: 312.675.0215 | Email: reservations@eshedayspa.com

1. Included with this confirmation page is a copy of your complete schedule and cost of your spa day. If there are any desired changes, please make them on the schedule and fax back.
2. If there are no desired changes, please sign below to confirm that your day is planned to your satisfaction and that you have read and understand the spa facts and **ALL** policies of Eshe Spa Inc. (viewable on our website). Signing this form confirms that you have read and understand **ALL** policies of Eshe Spa Inc.
3. Once you approve of the spa schedule please fax or e-mail this form to: **Eshe Spa Inc.** - FAX 312.675.0215 or email reservations@eshedayspa.com. After receipt of this signed and completed form your event will be scheduled.
4. A valid credit card is required prior to booking the services.
5. Discounts are included in the price of prearranged spa packages. Additional discounts are not offered. This includes coupons.
6. Ask you spa party organizer if discounts apply to your party for parties of 4 or more receiving multiple services.
7. A gratuity of 18% will be added to the grand total for any party.
8. A 50% **non-refundable / non transferable** deposit is required for spa parties of 4 or more guests
9. **FULL** payment will be applied to your card 1 week prior to the day of the party.
10. Any adjustments or changes made to the spa day must be arranged prior to final payment or 1 week prior to the date of party to avoid full service charges. If changes cannot be honored due to scheduling conflict, the guests must honor original schedule. Changes in scheduled times and or appointments, deletion of guests are not allowed after we receive this form.
11. All guests are encouraged to arrive 15 minutes prior to services to insure adequate time for changing.
12. Late arrivals may require schedule changes to prevent the discomfort of the next guest. However, if services are canceled due to a late arrival, the full service fee will be changed.

Visa MC AmEx Discover Total \$ _____

Deposit: \$ _____ Balance: \$ _____ Due: _____

Card Number _____ - _____ - _____ - _____

Expiration: __ / __ / ____ 3 digits on back of card __ - __ - __

Print name on card: _____

Authorized signature of holder: _____

Billing street address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) - _____ Fax: (_____) - _____

E-mail: _____

* To view all policies of Eshe Spa Inc., please visit www.eshespa.com