

THE WOODHOUSE
day spa®

Group Contract Agreement

Thank you for choosing The Woodhouse Day Spa for your Special Event. Our Spa Guest Concierges look forward to helping ensure your visit is as relaxing and care-free as possible.

Please review and complete the following forms which will guide you through the booking process, while providing us with all information needed to make your day extraordinary. Please review the contract carefully and complete all sections (as applicable).

Upon completion of this form, please send it via email (orlando@woodhousespas.com). Your event (including date and time) will be reserved and confirmed within 48 hours. If you do not receive a confirmation, please contact us at 407-965-3131 or via e-mail (orlando@woodhousespas.com).

Please Note: *Due to high demand, we are unable to reserve appointments until a completed Group Contract Agreement is received. The Woodhouse Day Spa - Orlando will try to accommodate all of your group's need but realize some requests are subject to availability.*

We look forward to helping you celebrate your special event (be it corporate, bridal, birthday, or just a well deserved day of relaxation) and share it with friends.

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Terms & Conditions

1. A credit card number is required to secure reservations.
2. 18% gratuity will be automatically added to all treatments for group services.
3. Your card will be billed 100% to the credit card on file in the event of no shows, cancellations, and/or changes within 72 hours of scheduled services.
4. No changes will be allowed less than 48 hours prior to event and /or final confirmation has occurred.
5. An additional service charge may be added to any events requiring specialized services and /or accommodations.
6. We request all groups check-in 30 minutes prior to your appointment time.
7. We are not responsible for delays due to weather, traffic, construction, directions or any other instances beyond our control.
8. Nail treatments, waxing services and facial add-ons are excluded of any discount.
9. If you are running late for an appointment, please call us immediately and we will do our best to accommodate your service. However, the service length may have to be adjusted in order to fit within our schedule. The group will still be responsible for the full priced service, as contracted.
10. In order to maintain the relaxing and tranquil atmosphere of our spa, cell phones are not allowed in any area of the spa.
11. Billing information must be provided for all spa events attendees.
12. In the event that an individual does not check out with our spa guest coordinator prior to leaving the spa, all services and 18% gratuity will be charged to the Group Master Account.

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Group Contract Agreement

Event Date: _____ Service start time: _____

Occasion (circle one): Bridal Birthday Corporate Other: _____

Group Contact Name: _____

Email: _____

Telephone: _____

GUEST NAME	SERVICE	GENDER PREFERENCE

*I, _____, hereby, understand and accept the terms and conditions outlined.
Your signature verifies your agreement to participate and abide to the terms of this contract.*

Group Name: _____ Name: _____

Signature: _____ Date: _____

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Spa Credit Card Authorization

I authorize The Woodhouse Day Spa - Orlando to charge my credit card for charges incurred as outlined below:

Name: _____ Group Name: _____

Charges and approved amounts *Please check those which apply to your event*

- All applicable charges including: spa services, retail, etc.
 Limited amount of charges, with a maximum dollar amount of \$ _____

Billing of services *Please specify where following services should be charged*

Spa Treatments: Group Master Account *or* Individual Pays Own

Service Enhancements: Group Master Account *or* Individual Pays Own

Other Services: _____ Group Master Account *or* Individual Pays Own

Special Billing Notes: _____

Name (As appears on card): _____

Please circle credit card type: AMEX MC VISA DISCOVER

Credit card number _____

Expiration Date: ___/___ Security Code (As appears on front/back of card): _____

Card Issuing Bank Name: _____

Card Issuing Bank Tel #: _____

(We will call your card-issuing bank as a fraud-prevention measure. Number must match the number on the back of the card.)

Credit Card Billing Address: _____

Daytime Phone: _____

By signing below, you authorize The Woodhouse Day Spa - Orlando to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" listed above. Your further acknowledgment that if "all charges" has been selected, then all guest/group related charges will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____