

ECLIPS GROUP AGREEMENT

Eclips Salon & Day Spa • 303 W. Water Street • Decorah, IA 52101 • (563) 382-4941

Thank you for choosing Eclips Salon & Day Spa for your professional spa services! We look forward to making you feel relaxed, refreshed and renewed during your visit! Carefully read over the information below to ensure that your visit runs smoothly. Once completed, return this form to Eclips as soon as possible. The completed and signed form will confirm and hold your services until pre-payment of services is required.

SECURING YOUR APPOINTMENTS

- Please fill out and return Page 2 of this agreement to Eclips Salon & Day Spa to secure your appointments. In addition, please share the information and terms listed in Page 1 with all members of your party.
- To guarantee that each member of your party is responsible for her scheduled appointment(s) and to keep things running smoothly, we require that each member pre-pay for her services in full no later than **one week prior** to your scheduled date.
- Services can be pre-paid either in person, over the phone or via mail. We accept cash, check, VISA, and MasterCard for payment.

CANCELLATIONS OR CHANGES IN SERVICES

- Any cancellations or changes must be made no later than 2 days prior to your scheduled appointments. Any cancellations or changes made after that point will be subject to charge.
- If any appointments are not fulfilled as scheduled on the date of the appointments (or if any member is a “no-show”) the client will still be charged the full amount for that service. It is the responsibility of all involved to be present for his or her scheduled appointment(s).
- We want to ensure that your experience at Eclips goes as smoothly as possible, therefore, it is extremely important that all members of your party are aware of their scheduled appointment(s) and their responsibility for them. Make sure that all members of your party arrive at least 15 minutes prior to their scheduled time to guarantee that all services are completed in full.

Complete the form on the following page and return it as soon as possible to Eclips Salon & Day Spa at 303 W. Water Street Decorah, IA 52101 or email to eclipssalonandspa@hotmail.com

FIRST & LAST NAME _____

CURRENT ADDRESS _____

CURRENT PHONE NUMBER _____

DATE OF SERVICES REQUESTED _____

WHAT TIME TO START? _____

WHAT TIME DO YOU NEED TO BE OUT BY? _____

Please list the names of each member of your group and the services requested for each

NAME	SERVICE(S)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____

I have read and understand the terms and conditions described by Eclips in the above document

SIGNATURE _____

DATE _____