

Rejuvenation

• 4783 S.W. Hwy 101 • Lincoln City, OR 97367 • (541) 994-1819 • Fax (541) 994-0598 •

Spa Groups

Today's Date: ___/___/___ Spa Contact: _____

Primary Contact Name: _____

Group Name/ Organization: _____

Contact Phone No: _____

Fax No: _____

Prior to reserving your group, you will need to gather all of the spa guests who would like to be included in your party, as well as the services they would like to receive. We can not hold the date or times with out this information.

Special Occasion: () None () Birthday () Bridal Party () Other _____

1st Choice: Day/Date:
Time: () Morning () Afternoon () Late Afternoon

2nd Choice: Day/Date:
Time: () Morning () Afternoon () Late Afternoon

Anything else we may need to know about your group/occasion?

How many people will be participating?

List Names & Services requested for entire group

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Payment Information

We require **one** credit card to secure group bookings. A 7 day minimum notice of changes or cancellation must be given. No-shows, or cancellations less than 7 days before a group booking will incur a penalty equal to the cost of the scheduled services. The credit card used to secure the appointment will be charged.

Credit Card #: _____ Visa / MasterCard / Discover

Expiration Date: _____ Name on card: _____

Card holder agrees to all terms and conditions listed above:

Card holder signature _____