

Portsmouth Spa

Group Spa Party Information Sheet

Contract and Payment

In order to hold appointments for groups of (4) or more, our payment policy requires a valid credit card for reservation. If these services are cancelled (10) days before of the party date there will be no charge. Any parties cancelled with less than (10) days of notice will be charged 100% of the value. A gift certificate for the amount charged on the card will be mailed to the cardholder.

Contact Name, Address, Phone:

Email Address: _____

Date of Event _____

Special Occasion _____

Need to leave Portsmouth Spa by: _____

How did you hear about us?

Notes of Interest

Method of Payment: (circle)

VISA MC DISCOVER AMEX

Card # _____

Expiration Date _____ Vcode _____

Pricing is subject to change. Latest published pricing at time of service will be charged. All parties will be charged an 18% gratuity. I understand and agree to the cancellation and payment policy.

Signature / Date _____

Portsmouth Spa

In order to provide the best experience and service possible we need to know the exact services your party will require.

Name	Treatments Required
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

Please Fax: 603.373.0920
or Mail : Portsmouth Spa, 55 Congress Street, Portsmouth, NH 03801

Thank you for Choosing Us. We look forward to making your special day perfect!
Please note is paying separately at the time of service an 18% gratuity is added to each service.

Portsmouth Spa

Signature / Date _____