No. 7 Salon & SPA

437 Virginia Ave, Suite 1600

Indianapolis, IN 46202

(317) 634-9414

Thank you for choosing No. 7 Salon &Spa for your event! We want your day to be as carefree & special as possible, so to help you achieve this, we ask that you please fill out & return the attached questionnaire, at your earliest convenience. Please be aware that this agreement is a contract that requires a credit card number on file, to reserve all of your appointments. If any of these services are cancelled 72 hours before your event, no charges will be incurred. The Contract Signee must make any cancellations in writing. The salon event coordinator, manager, and owner are the only ones to accept event party cancellations and changes. Cancellations after this point, or “no shows” on the day of your event will be charged in full, to the credit card number on file.

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and fully understand all of the above terms and conditions. I agree to them and consent to them as stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Event Information

EventDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Services should Begin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time you need to leave the salon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Guests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

(\*Alternate Contact is the only other person authorized to change any arrangements for the event. Any cancellations must be made in writing, by the Contract Signee, not the alternate contact.\*)

Credit Card Information:

In order to guarantee your appointment times, we require the following credit card information.

Credit Card Type:

 Visa\_\_\_\_\_

 Mastercard\_\_\_\_\_ Discover\_\_\_\_\_

Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date (Month/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Services

|  |  |  |  |
| --- | --- | --- | --- |
| First & Last Name  | Services | Services | Services |
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|   |   |  |   |
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Please list any additional services that will be needed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Tips:

* Our website address in www.no7salonandspa.com
* Please arrive 15 minutes before your scheduled appointment in order for us to insure your preferred departure time.
* Event clients may not “trade” appointments with a friend. We have certain technicians scheduled for varying amounts of time depending on the service.
* Contract signee is responsible for informing their group on the contract details.
* An additional 20% gratuity will be added to the total service

**\*Due to the increasing number of group event inquiries, multiple parties may be interested in booking for the same date. Therefore, we encourage you to be as thorough and prompt as possible in providing us with a completed group agreement to secure your event with No. 7 Salon and Spa.**

**Agreement Terms and Conditions**

**Notice of Changes:**

14 days notice must be provided for any changes to the above number of services and cost. If proper notice is not given, the charge above will remain the same despite any decrease in services. Should you need to add any services please notify in order to allow for extra time that may be needed. Additional charges will apply for adding services regardless of notice given.

**Deposit**

At the time of signing, the deposit of **$50** is due to secure your services. This amount will be deducted from the amount due on the day of your party. **This deposit is non-refundable should you cancel for any reason.**

**Cancellation Policy:**

You may cancel at any time, however, your deposit will not be refunded. We do require a  **72 hour Notice for cancellation. If not, the card on file will be charged for the full amount of the agreed upon services.**

By signing this contract, I understand that the deposit is non-refundable. I also acknowledge I am responsible for payment of the total number of people receiving services as I have indicated above. I have read and understand the policies outlined above. Extra fees if applicable will be added to the final bill. I will abide by this contract.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_