

Private Party Planning Form & Agreement

Were excited to assist you in planning a memorable day for your group at A Better You Med Spa!

When you have completed your Party Planning Form, please return it to us in person or via email to abtryou@gmail.com. Return of these documents will serve as acknowledgement of our Group Policies listed at the end of this document. The office manager will contact you within 48 hours of receipt to finalize details and answer any questions. Please confirm that guests in your party are aware of our 7-day cancellation policy and the need to arrive promptly to guarantee full service time. We suggest you email the Group policy information to all guests to assure the smoothest, most enjoyable experience at A Better You Med Spa. We look forward to seeing you soon!

Party Host: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would be your ideal time to begin your experience with us? \_\_\_\_\_\_\_\_ Until \_\_\_\_\_\_\_\_\_

Are you celebrating a special event? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of guests: \_\_\_\_\_\_\_\_\_\_

Is there anything else we should know about your desires for the day?

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

Your reservation will include the use of our Botox room and foyer at no additional cost. Beverages will be provided with reservations of up to 4 people. If your party is larger or has any special requests, we will do our best to accommodate you while additional fees may apply.



Guest Service Selection

Botox - Juvederm Ultra XC – Juvederm Vobella – Juvederm Vollure – Juvederm Voluma -Restylane - Restylane Lyps – Restylane Lyft

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Service | Deposit | Time |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

Any other desired services or add-on’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anything else? (health concerns, questions, etc.)

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



A Better You Med Spa Policies and Important Information

Thank you for collecting the information needed for us to provide your party with an amazing experience! We realize the role of our party contract can be time consuming. In an attempt to support you in organizing a memorable and stress-free experience, we’ve included the following information for you to share with the guests who will accompany you. We’ve found that when everyone is informed, and expectations are clear, the experience is enjoyable and relaxing for all! Please feel free to contact us with any further questions at 928.772.0689 and we will see you soon at the Spa!

**Helpful Information**:

A Better You parking is in front of the building with additional parking directly behind the building. We are located at **8363 E. Florentine Rd. Suite C, Prescott Valley, AZ 86314**.

A “Credit/Debit Authorization Form” is needed to make your reservations for services. One card can be used to hold all reservations and WILL NOT be charged unless needed to honor our **cancellation policy**. The times indicated by our office manager (approved by the medical director) are reserved specifically for your party. We require at least a **7 full days’ notice for changes or cancellations to your party** to avoid a 25% charge. **Appointments missed without notice will be charged 50% cost of services**. If desired, individuals can utilize alternate forms of payment for their services on the day of the party. **Cash deposits may be requested and are approved at the medical director’s discretion.**

A Better You can split transactions at the time of service for individual payment. **A “Credit/Debit Authorization Form” or cash deposit must be submitted for all clients 7 days prior to party date**. If the group would like to purchase an individual’s services, we will gladly give you the estimated total prior to the event so that you can plan accordingly.

**Gratuity** is appreciated on cosmetic procedures.

Check in time is **15 minutes** prior to start of appointments. This will give everyone the opportunity to tour the facility, meet our team of service providers, fill out any necessary paperwork and of course relax.

All missed appointments due to unexpected life complications are evaluated by the medical director prior to any late charges being applied. Please contact our office with any concerns.

Though **children** are an amazing asset in our lives, A Better You Med Spa’s cosmetic injection room is not appropriate for unaccompanied children.

We appreciate communication between guests and our employees! If you need anything (lower music volume, a refreshment refill, further information on services…etc.) please do not hesitate to ask!

**We look forward to creating your perfect party experience!**

**Host**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



Credit/Debit Authorization Form

Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit/Payment for (Client Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Card (CIRCLE)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| VISA | MC | AMEX | DISCOVER | CASH |

|  |  |
| --- | --- |
| Card Number |  |
| Expiration Date |  |
| CVV Number |  |
| Billing Address |  |

Type of Account (CIRCLE)

|  |  |
| --- | --- |
| PERSONAL | BUSINESS |

(If Business) Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZED USER OF CARD

|  |  |
| --- | --- |
| Name |  |
| Company |  |
| Phone Number |  |
| Email Address |  |
| Authorized Amount |  |

**We require at least 7 full days’ notice** for changes or cancellations to Party appointments to avoid a **25% charge**. Appointments missed without notice **will be charged 50% cost of services**. If desired, individuals can utilize alternate forms of payment for their services on the day of the Party. This authorized payment will secure the date and **will only be charged if cancellations are made or booked services are not rendered**. I certify that I am the authorized holder and signer of the payment form referenced above. I certify that all information above is complete and accurate I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the “AUTHORIZED AMOUNT” field. I understand this is only for up to this amount during the period of \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_, as referenced above. If additional charges are going to be authorized a new form will have to be completed. All information on this document will be held in a locked and secure area and will be shredded upon completion of the party and/or payment. Declined payments will result in a $25.00 fee.

CARDHOLDER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_