Santa Fe Day Spa Special Event Proposal

Thank you for choosing Santa Fe Day Spa for your special group gathering! Our staff will strive for excellence in making your visit unforgettable. In our experience, we've learned that it is best to serve not only your group as a whole, but to also accommodate each individual guest! To do so, we ask you to be as detailed as possible to ensure your stay with us is carefree and relaxing even before you walk in our doors. These notes are convenient for our files, as well as for yours.

Please choose one guest as your Primary Event Hostess with whom we can communicate during the booking process.

Primary Hostess: _____ Type of Event: _____
Phone: _____ Number of Guests: _____
E-mail: _____
Name of Bride if bridal party: _____
Date & beginning time of services (morning, afternoon, specific time): _____
Do you have a specific time your party needs to be out of the spa? Y/N Time:_____

*Please keep in mind, we ask **all members of your party to arrive no later than 30-45 minutes prior to their service times**. If anyone wishes to take advantage of our complimentary hot tub and steam room facilities, we ask that you **arrive at least 1 hour early**. This ensures enough time for everyone to check-in and get changed in the locker room. Please forward the Client Information form below to your guests so that they may fill it out beforehand and bring it with them. This helps expedite the check-in process.
Hint! For a quicker check-in, our "Lunch Menu" can be printed from our website and filled out prior to your arrival if a lunch is included with your package. Just be sure to bring it with you, or email it to us.

*Please note**: If you wish for this event to remain a surprise for any of your guests, please note this with their information so they will not receive our courtesy confirmation call via email or text message.**

After reviewing our online menu at SantaFeDaySpa.net or our detailed brochure, please make note of the package or services each individual guest would like to request on the forms provided. **Please be sure to note any special needs or upgrades on packages and services**.
****For more detailed information on upgraded services, please refer to Page 3**.**

Please make note of any additional food (lunches, snacks or party trays) you might want available for your guests. Keep in mind, many of our packages already include lunches or snack plates. **With parties of 5 or more, an 18% gratuity is added to the total of services.**

To avoid any hassle or time delays on the day of the party, many of our guests prefer to take care of the full payment prior to the day of their event. Otherwise, we request a down payment of 50% of the overall cost (the rest will be taken care of on the day of services, prior to your departure). See Page 2 to enter in your credit card information and payment preferences.

Please enter the credit or debit card number you wish to use to reserve your appointments.
Note: We accept Visa, MC, AmEx and Discover

Card Type: _____ Name as it appears on card: _____

_____-_____-_____-_____ Exp. Date: _____

Total of All Individual Prices: $_____
Any Food Included: $_____
18% Gratuity: $_____
Overall total of event: $_____ Required ½ Deposit: $_____

Please choose one:
_____ Please bill my credit card for the full payment. $_____
_____ Please only charge a down payment of 50% and I will pay the remainder on the day of services.

*Please note, your credit card will not be charged until we have sent you an itinerary of your services for approval.

Upon your arrival at Santa Fe Day Spa:

As mentioned before, we request all guests in your party arrive no later than 30-45 minutes prior to the start time of their services, unless you wish to use the hot tub and steam room facilities, in which case we ask that you arrive an hour early. This extra time allows guests to check in at the front desk, put your things away in a locker, change into a robe, a wrap and slippers provided by us and enjoy a refreshing beverage before services begin. We offer up to **TWO** complimentary alcoholic beverages per person. We would also like to remind our guests to use their spa voices while they are here, as there are other services going on. Some treatment rooms are very close by and other guests could potentially be disturbed.

Other Frequently Asked Questions:

Where are you located?

*Please be sure that everyone attending knows how to get to our facility. We are located on Hwy 280 traveling East, one traffic signal past the Greystone subdivision. When you come to the traffic light at Doug Baker Blvd. (Drivers Way and a Walgreens on your right), turn right at the light into the Lee Branch shopping center. Go past Walgreens to the Compass Bank and turn left. We are on the left side of the center directly opposite Hobby Lobby on the 2nd level near The Melting Pot and Pablo's Restaurants. You may log onto our website and download more detailed directions.

Our address is: 611 Doug Baker Blvd; Ste. 214-D, Birmingham, AL 35242
Our Phone Number: 205-408-7221

When arriving, there are two lots where you may park. One directly in front, or you can park in the back lot which allows for more accessibility with elevators. To get to the back lot, take a left directly in front of the Carmike Movie Theater.

What is your cancellation policy?

Our cancellation policy for parties and events is ONE WEEK. Any additional requests or cancellations of services must be done within this time frame. If a guest decides to change their mind on which services they wish to receive, we ask that they inform the Event Hostess, who can communicate with us one-on-one. ***Please refrain from changing any services at check-in,*** as this could cause major delays in not only your services, but also with other guests.

What do I need to bring/wear?
We don't ask you to bring anything specific. Please dress to your comfort level. We do provide robes, wraps and spa shoes for you to change into if you wish. You may also bring a swimsuit to wear in the hot tub or steam room. We do recommend that you leave anything with sentimental or monetary value at home, as we are not responsible for lost or stolen items. Lockers with electronic locks are provided for your convenience.

Do I need to remove my makeup first if I'm having a facial treatment?
No. The cleansing process is the first step in all of our relaxing facials.

What if everyone in my party wishes to pay separately at checkout?
This is not recommended. For a smooth and speedy check-out, we request that the Event Hostess be responsible for settling up the remainder of the bill on the day of services (if applicable). Amounts individually owed must be worked out between party guests and the Event Hostess personally, not through Santa Fe Day Spa.

Please feel free to add any additional questions or concerns we may not have not already answered.

Addendum on upgraded services and pricing:

If any of your guests would like to upgrade or add-on services, please be sure to include this information on the forms provided and to include this in the total individual price! Again, **we do not recommend making changes the day of services**—if any changes need to be made prior to the event and are not already noted on the Guest Services sheet, please let the Event Hostess know so that he or she can contact Santa Fe Day Spa as soon as possible.

Nail Services:
All prices for Spa Manicures and Pedicures are for natural nails. Acrylic or Gel Nails will need to be scheduled as either a full set ($72) or a fill-in ($42-52). French polish on manicures and pedicures is an additional $7 each (unless booking the Bridal Tea). Shellac (or gel polish) will be a $12 upgrade with an additional $12 charge for a soak-off if the nails were not previously done here ($24 total upcharge).

Massage Services:
Any guest requesting a Maternity Massage will need to have a doctor's release faxed to the spa at least 24 hours prior to their massage appointment. Maternity Massages are a $10 upcharge ($97 total for a 50 Minute Massage).

Client Information Sheet

LAST NAME: _____ FIRST NAME: _____ MI: _____
ADDRESS: _____CITY:_____STATE:_____ ZIP: _____
DATE OF BIRTH: _____ HOME#:_____ CELL#:_____
E-MAIL_____
HOW DID YOU HEAR ABOUT US? _____ OCCUPATION: _____

ARE YOU CURRENTLY TAKING ANTIDEPRESSANTS, MOOD ALTERING OR OTHER PRESCRIBED MEDICINE?_____
ARE YOU CURRENTLY UNDER A PHYSICIANS CARE? IF YES, DESCRIBE:
_____

DO YOU HAVE A WAXING APPOINTMENT TODAY? YES_____ NO _____

DO YOU HAVE A HISTORY OF THE FOLLOWING? (Circle all that apply)

Accidents	Sprains	Breast Augmentation	Decreased Range of Motion
Neck Pain	Seizures	Diabetes	Sexually Transmitted Diseases
Whiplash	Abdominal Pain	Varicose Veins	Headaches
High Blood Pressure	Disk Problems	Stroke	Mild Back Problems
Low Back Pain	Allergies to Oils	Wear Contacts	Broken Bones
Heart Condition	Arthritis, Bursitis	Surgery	Auto Immune Disorder
Have Prosthesis	Nervous Tension	Joint Aches	Cancer
Colitis			

Circle yes or no to the following questions:

YES	NO	Do you smoke?	YES	NO	Do you burn easily in moderate sunlight?
YES	NO	Had chemical peels?	YES	NO	Suffer from sinus problems?
YES	NO	Use Retin-A?	YES	NO	Do you have specific skin concerns?
YES	NO	Use the acne drug Acutane?			If yes, specify"_____
YES	NO	Have regular sleep patterns?	YES	NO	Are you taking oral contraception?
YES	NO	Experience skin breakouts?	YES	NO	Drink caffeinated beverages (tea, coffee
YES	NO	Experience ingrown hair?			And soft drinks)? How many?_____
YES	NO	Exercise regularly?	YES	NO	Consume water on a daily basis? If yes,
					How much? _____

Do you experience any of the following conditions on your skin? (Circle all that apply)
Flakiness Obvious dryness Redness Tightness Oiliness

Have you ever had any reactions to any of the following? (Circle all that apply)
Cosmetics Pollen Food Medicine Fragrance Iodine Sunscreens Other: _____

Is there anything Santa Fe should be aware of before we start this procedure? _____

PLEASE READ THE FOLLOWING AND SIGN BELOW

Reservations cancelled without prior notice will be billed at full price of each service scheduled.
I understand that this procedure is not a replacement for medical care and that no diagnosis will be made.
I am responsible for paying for any appointment cancellation of less than 24 hours.

DATE: _____SIGNATURE: _____

GUEST SERVICES SHEET

Guest: _____Phone: _____
E-mail:_____
Requested Services:
_____
_____
Any additional requests/preferences:
_____ _____
Total Individual Price: _____

Guest: _____Phone: _____
E-mail:_____
Requested Services:
_____
Any additional requests/preferences:
_____
Total Individual Price: _____

Guest: _____Phone: _____
E-mail:_____
Requested Services:
_____
Any additional requests/preferences:
_____
Total Individual Price: _____

Guest: _____Phone: _____
E-mail:_____
Requested Services:
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Any additional requests/preferences:
_____
Total Individual Price: _____

Guest: _____Phone: _____
E-mail:_____
Requested Services:
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Any additional requests/preferences:
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Total Individual Price: _____

Guest: _____Phone: _____
E-mail:_____
Requested Services:
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Any additional requests/preferences:
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Total Individual Price: _____

Guest: _____Phone: _____
E-mail:_____
Requested Services:
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Any additional requests/preferences:
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Total Individual Price: _____

Guest: _____Phone: _____
E-mail:_____
Requested Services:
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Any additional requests/preferences:
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Total Individual Price: _____

Guest: _____Phone: _____
E-mail:_____
Requested Services:
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Any additional requests/preferences:
_____ _____
Total Individual Price: _____

Guest: _____Phone: _____
E-mail:_____
Requested Services:
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Any additional requests/preferences:
_____
Total Individual Price: _____

Guest: _____Phone: _____
E-mail:_____
Requested Services:
_____
Any additional requests/preferences:
_____
Total Individual Price: _____

Guest: _____Phone: _____
E-mail:_____
Requested Services:
_____
Any additional requests/preferences:
_____
Total Individual Price: _____