

Thank you for choosing The Seventh Moon Wellness Spa for your special event.

I look forward to helping ensure your visit is as relaxing and carefree as possible. Please review and complete the following forms, which will guide you through the booking process, providing us with all the information needed to make your spa event extraordinary.

Please review the contract carefully. Upon completion, return the Spa Group Contract Agreement via email to relax@theseventhmoon.com, drop it off at the spa, or mail it to the address provided below. Once received, the requested date and times for your event will be checked for availability and reserved if available.

Please understand that we are unable to reserve appointments until the completed Spa Group Contract Agreement is received.

All requests are subject to availability and we will do our best to accommodate all of your groups needs. You will be contacted via telephone or email within 72 hours of receipt of the Spa Group Contract Agreement to discuss your appointment requests.

If you do not receive a call or email, please contact us at the above-mentioned email.

We look forward to helping you celebrate your event: corporate, bridal, birthday, or just a well-deserved day of relaxation shared with friends.

Rowan Laitila

Spa Director and Co-Owner

701 Bridge Street, Suite B103

Lehighton, PA 18235

610-377-3002

Spa Group Contract Terms & Conditions

1. COVID-19 Group Event Guidelines:

- 1. All guests must wear a mask for the duration of their visit to the spa, except for during services with which the mask directly interferes (facials, waxing, steams, showers, etc.) This includes when socializing (with proper social distancing, please) with other guests around the spa.
- 2. Food and drink are allowed to be consumed during your spa group event in our studio space only you may not be without a mask in the main spa area where staff members are performing services for other guests. (Temporary removal of mask during a service for sips of water or a beverage are OK)
- 2. A credit card number is required to secure reservations. Your card will not be billed until the date of your reservation. Please provide the credit card number to be saved for your group on the Agreement page of this contract or contact the Spa at 610-377-3002 to provide the credit card information.
- 3. If you would like to reserve the entire spa for your group event, there is a \$200 fee for "Private Spa Parties" reserved Monday through Thursday (up to 4 hrs in length) and a \$300 fee for "Private Spa Parties" reserved Friday through Sunday (up to 4 hrs in length). A "Private Spa Party" means that there will be no other spa guests receiving services while your group is scheduled at the spa.
- 4. A 10% service charge will be added to all services for group events, but is waived for "Private Spa Parties."
- 5. Your credit card will be billed 100% of the reserved appointments in the event of:
 - No-shows, cancellations, and/or changes within 72 hours of scheduled services.
 - Groups of 5-10 are required to give a one week (7 days) notice to cancel. Groups of 11 or more are required to give a two week (14 days) notice to cancel and/or

make changes. All groups canceling within the days stated would incur cancellation charges up to full price service fees and 10% service charge.

- 5. No changes will be allowed less than 72 hours prior to event and/or final confirmation has occurred.
- 6. Service pricing for all spa events shall be The Seventh Moon Wellness Spa's current spa menu prices. Pricing and services are subject to change without notice. Promotional pricing is not offered for spa groups/parties.
- 7. An additional service charge may be added to any events requiring specialized services and/or accommodations.
- 8. You are required to check in at the front desk 15-20 minutes prior to your first appointment time. This ensures your appointment schedule stays on time.
- 9. We are not responsible for delays due to weather, traffic, construction, directions, or any other instances beyond our control.
- 10. If you are running late for an appointment, please call the spa at 610-377-3002.
 - We will do our best to accommodate your service.
 - The service length may have to be adjusted in order to fit within the staff member's schedule.
 - The group will still be responsible for the full priced service.
- 11. In order to maintain the relaxing and tranquil atmosphere of our spa, we ask that you speak in low tones, either power down your cell phone, silence the ringer, and limit use of your device(s).
- 12. In order to ensure a relaxing and quality experience, we request all group appointments be assigned to individual group members a minimum of 2 weeks in advance of arrival. Altering services after this point is not recommended, however, we will certainly continue to do our best to accommodate your changing needs.

- 13. We are unable to guarantee individualized therapist, staff member, or gender requests.
- 14. Billing information must be provided for all spa groups/events. A "Master Account" person must be named and is ultimately responsible for all spa guests.
- 15. Master Account billing authorization must be approved in advance by The Seventh Moon Wellness Spa.
- 16. In the event that an individual does not check out with our front desk or staff member prior to leaving the spa, their service(s) and 10% service charge will be charged to the Group Master Account.
- 17. For all Group Events (that are NOT Private Spa Parties): Alcohol from an outside source is not permitted. If you arrive at the spa and appear to be under the influence, we reserve the right to refuse service and the refused parties will remain subject to paying the full amount of their service(s) and 10% service charge, which will be billed to the Group Master Account.
- 18. For Private Spa Parties: Alcohol from an outside source is permitted, but we ask that you please drink responsibly.
- 19. For all Group Events (that are NOT Private Spa Parties): No sexual paraphernalia is allowed in the Spa. If you have questions as to what is appropriate, please contact Rowan via email at relax@theseventhmoon.com.
- 20. For Private Spa Parties, decorations are welcome but we ask that you bring sticky-tack or a non-abrasive method of hanging decor so as not to damage our paint/walls. If you have questions as to what is appropriate, please contact Rowan via email at relax@theseventhmoon.com
- 21. Due to the delicate nature of nail lacquer, we encourage you to do your best to care for your nails prior to any big event. We will not be liable for accidents or damages. to conditions of nails after the spa guest has left the premises.
- 20. The Client Group Coordinator signature on this contract binds all group members/ attendees to the terms and conditions of this agreement.

Group Contract Agreement

Requested Event Date(s):
Requested Service start time(s):
Occasion: Bridal Birthday Corporate Other
Group or Business Name:
Client Group Coordinator Contact Name:
Email:
Telephone:
Master Account Credit Card No:
Card Type (Visa / MC ONLY): Expiration Date:
Billing Address:
Number of Guests:

IMPORTANT, PLEASE READ THE FOLLOWING:

Please provide the first and last name of each spa guest, including their email and/or phone number, and the services* and/or staff member they are requesting. Please use additional paper or copy this page if you have additional spa guests.

*Please make sure you are listing the name of the service as it appears on our service menu. (Example: please indicate that the guest would like to request the 'Aveda Aroma Massage 60 minutes' or 'Perfecting Plant Peel' - not 'massage' or 'facial'. Being as specific and accurate as possible in your request makes for a much more streamlined scheduling process.)

Name:
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Service(s) & Staff:
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Rowan will work on assessing the Spa schedule for date/times and services requesestablished, a schedule will be provided and will become part of the group agreen	
I, hereby, understand and accept the terms and conditions outlined. Your signature agreement, and the agreement of all group members, to participate and abide to the	•
contract.	
Group Name:	
Group Coordinator:	
Signature:	
Date:	