

**Tranquil Escape Day Spa, Milwaukee**  
**SPA PARTY AGREEMENT**

***Please complete the following forms and fax to: (414) 444-9620 or send electronically to: [tranquilescape01@gmail.com](mailto:tranquilescape01@gmail.com)***

**Name of Group or Party:** \_\_\_\_\_

**Authorized Contact Person/Party Leader:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

A **non-refundable deposit of 50%** of the total service amount, paid by credit card, personal check, or cash is required upon the signing of this agreement to reserve the scheduled spa party. The deposit will be applied towards the balance due.

All services must be finalized and paid in full one week (7 days) prior to your spa party. After this date, we will be unable to issue a refund for any individual guest cancellations or no-shows. Balance is payable by credit card, personal check, or cash.

**Cancellations for group events or for an entire spa party must be received 72 hours in advance in order to receive a refund, minus the deposit.**

We ask that **all attendees arrive 30 minutes prior to their first scheduled service** to begin your journey to relaxation. Please complete consultation forms via the website and forward to [tranquilescape01@gmail.com](mailto:tranquilescape01@gmail.com) prior to your scheduled spa party (7 days). It is unfortunate that late arrivals of 15 minutes or more may result in the inability to provide the scheduled service and we will be unable to issue a refund for late arrivals.

**Gratuities are not included in our treatment prices. If you are pleased with your services, it is customary to give a 15% to 20% gratuity to your spa therapist.**

You may bring in light snacks and beverages. Tranquil Escape Day Spa, Milwaukee will provide hot tea, coffee, hot chocolate and infused water. ~~If Tranquil Escape Day Spa is asked to provide food or additional drinks for the party, the menu items must be agreed to and paid in full one week (7 days) prior to the party.~~

\_\_\_\_\_  
Authorized representative sponsoring the party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized representative of Tranquil Escape Day Spa, Milwaukee

\_\_\_\_\_  
Date



8125 W. Capitol Drive  
Milwaukee, WI 53222  
Phone: 414-444-9620 / 414-630-9620 - fax: 414-444-9620  
[tranquilescape01@gmail.com](mailto:tranquilescape01@gmail.com)  
[www.tranquil-escape.com](http://www.tranquil-escape.com)



## SPA PARTY WORKSHEET

Spa Party Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

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

Guest Name: \_\_\_\_\_ / Phone \_\_\_\_\_

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

| Selected Services | Cost | Time/Therapist:<br>(Completed by Staff Member) |
|-------------------|------|--|
|                   |      |  |
|                   |      |  |
|                   |      |  |
| <b>Total Cost</b> |      |  |

Guest Name: \_\_\_\_\_ / Phone \_\_\_\_\_

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

| Selected Services | Cost | Time/Therapist:<br>(Completed by Staff Member) |
|-------------------|------|--|
|                   |      |  |
|                   |      |  |
|                   |      |  |
| <b>Total Cost</b> |      |  |

Guest Name: \_\_\_\_\_ / Phone \_\_\_\_\_

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

| Selected Services | Cost | Time/Therapist:<br>(Completed by Staff Member) |
|-------------------|------|--|
|                   |      |  |
|                   |      |  |
|                   |      |  |
| <b>Total Cost</b> |      |  |

Guest Name: \_\_\_\_\_ / Phone \_\_\_\_\_

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

| Selected Services | Cost | Time/Therapist:<br>(Completed by Staff Member) |
|-------------------|------|--|
|                   |      |  |
|                   |      |  |
|                   |      |  |
| <b>Total Cost</b> |      |  |

**This worksheet may be copied to accommodate total number of guests.**