

Please list the names of members in the party and the package/service desired for the event. Also indicate the role in the party (Guest of Honor, Hostess, or guest).

Name/Role in party: \_\_\_\_\_

Name/Role in party: \_\_\_\_\_

Name/Role in party: \_\_\_\_\_

Name/Role in party: \_\_\_\_\_

Name/Role in party: \_\_\_\_\_

Name/Role in party: \_\_\_\_\_

(Please use back of this form to list additional names and service's )

### Credit Card Information: Circle One: Master Card Visa AMEX or Discover

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

Expiration: \_\_\_\_\_ Card Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this document the client does agree to term and conditions of all pages of this contract. If we are unable to perform this agreement due to fire or other casualty, strike, act of God, or other cause beyond Lisa's Salon & Day Spa's control or of the parties, then Lisa's Salon & Day Spa shall return the deposit to the client, but shall have no further liability with respect to this agreement. Please send contract by mail or email, the date will be reserved when the signed contract and the deposit is received.

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Payment by: Cash, Check, or Credit Card

\$ \_\_\_\_\_ Date \_\_\_\_\_  
Deposit Amount

Amount Due on Day of Event \$ \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of client requesting Event

**X** \_\_\_\_\_  
Signature of Spa coordinator accepting request

Return this contract to:  
Lisa's Salon & Day Spa  
311 S. Main Street  
Lombard, IL 60148  
Email: [lisasplacesalon8888@sbcglobal.net](mailto:lisasplacesalon8888@sbcglobal.net) Website: [www.lisassalonanddayspa.com](http://www.lisassalonanddayspa.com)  
Contact: (630) 691-0510