Viságe Rejuvenation Spa

Spend the Day Well

Date: _	/				
Name	Last				Sex: M / F
	Last 255:		M.I.		
199.0	Street		City	State	Zip Code
Phone	e:	(to confirm appointmer	nt) Email:		
Fax: _		_/			
Date	& Time Requested for A	Appointment:			
	/		W Th F Sa	:	AM / PM
Select	t Your Package				
	Marvelous Mini Day P	ackade			
	3 ½ hours - \$190.00				
	'	ite Swedish Relaxation	Massage, 90 min	ute Customize Fa	icial, 30 minute
	Paraffin Hand or F	oot Treatment, and a S	pa Cuisine Lunch	1.	
	Select one: Paraffin Hand 1	reatment	raffin Foot Treat	tment	
	Uparade to 60	minute Deep Tissue Ma	assage – Addition	nal \$10.00	
		affin Hand and Foot Tr			– Additional
	710100				
	Harmonious Half Day	Package			
	4 hours - \$225.00				
		te Hot Stone Massage, eatment, and a Spa Cuis		omized Facial, 55	minute Paraffin
Disco	ounted Upgrade Services	:			
	on the property of the propert				
	☐ Include Eyebrow Stylir	ng – Additional \$10.00	\$5.00 0	OFF Regular Price	
	☐ Include Full Face Waxi	ng – Additional \$40.0	o \$5.00 C	OFF Regular Price	

Inquire about our *DISCOUNTED* same day Spa Medical Treatments and minor office surgeries (i.e. injectables, earlobe repair, skin tag removal, etc.) when combined with Spa Day Package.

Spa Cuisine Lunch Selection:

See the LeeLynn's at Visage Lunch Menu for descriptions

For your Spa Lun	nch, select one item	from two of the gro	ups below.					
1/2 Salads		1/2 Sandwiches		Small Plates				
☐ House Salad		☐ Pepper Jack Turkey	· Club	☐ Thai Chicken Sa	ntay			
☐ Caesar Salad		☐ Chicken Salad		☐ Shack's Wings				
☐ Summer Salad		☐ Shrimp Salad ☐ Powerhouse		□ Thại Wings □ Hummus				
☐ LeeLynn's Salad								
☐ +Add Blackened Chicken				☐ Fried Calamari				
				☐ Grilled Vegetab	le Anti Pasta			
				☐ Crispy Eggplant	-			
Beverages								
□Water	☐ Sparkling Cider	☐ Iced Tea*	□ Coke*	☐ Sprite *	☐ Orange Soda			
* Please check if you would prefer Diet Option								
Spa Ftiquette								

Spa Day Reservations

We require a major credit card to secure and confirm appointments. We will give you a reminder call two days before your appointment to the number that you specified above. Please return our courtesy call to confirm your receipt of the message. We accept cash, checks, and all major credit cards as a method of payment.

What if I have special health considerations?

Please notify our receptionist before booking your spa day if you have high blood pressure, allergies, physical ailments, disabilities, or if you are pregnant. If you have any concern at all, be sure to let us know.

Is there a minimum age?

Spa services are available for all ages. Children under 18 must have a parent or guardian sign a release for Spa Treatments and parents/quardians must remain with the minor during their treatment.

Arrival & Treatment

Please arrive 15 minutes prior to your scheduled appointment. New clients will have to complete a spa client profile form before beginning the service.

Most body treatments can be enjoyed without clothing. However, wear whatever is comfortable to you. We provide gowns, robes, and spa footwear. All jewelry and body ornamentation should be removed. We encourage you to leave such and any other valuables at home, as Visage Rejuvenation Spa can not be held responsible for any lost or stolen items.

Cancellations Policy

Cancellations must be made within 24 hours of the previous business day for weekday appointments (appointments scheduled for Tuesday, Wednesday, Thursday, or Friday). For weekend appointments (appointments scheduled on Saturday or Monday), cancellations must be made by the previous Thursday. No shows and cancellations of a Spa Day Package without desired notice are subject to a non-refundable fee of \$50.00 per guest.

Please Read and Sign Below:

I acknowledge that I have read and fully understand the Visage Rejuvenation Spa Cancellation Policy above, that without proper cancellation or rescheduling notice, my credit card will be charged the appropriate fees according to the Visage Rejuvenation Spa Cancellations policy. I also acknowledge that all returned checks, originally submitted for payment of services or merchandise, are subject to an additional \$35.00 fee, which will be charged to the same credit card unless I am able to provide another means of payment within 7 business days.

Print Name:		
Signature:	 Date:/_	/

Return this form to your coordinator using the contact information below no later than 3 days prior to your requested appointment. One per client.

Thank you

