

Event Date _____ (mm/dd/yy)



Group Service Agreement (Parties of 2 or more)

12319 Ocean Gateway | Ocean City, MD | 410.213.1122 | www.blissoc.com | info@blissoc.com

Thank you for choosing Bliss Salon & Spa to provide services for your group. We want your day to be as carefree and special as possible. Please complete and return the following forms so we can schedule all the services needed for you and your group.

Please be aware that this agreement is a contract that requires cash or credit card (Visa or MasterCard) to reserve your appointments. The complete cost of the services will be quoted upon completion of the forms. A credit card authorization is required to hold the day and times scheduled.

Group Information

Type of event (if applicable): _____

Time of event (if applicable): _____

Time all services should be complete: _____

Number in party requesting service(s): _____

Main Contact's Information

Main Contact's Name: _____

Main Contact's Phone Number: _____

Main Contact's Mailing Address: _____

Main Contact's E-mail: _____

Alternate Contact Person's Name and Phone #

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Bliss offers a full menu of hair, skin, and nail care, as well as, massages to assure you and your group look and feel amazing. Please see the full list under the services tab on our website.

Policies- Please read, initial each and sign where applicable

Appointment Date and Deposit/CC Authorization: _____ initials

Your appointment date(s) and service(s) will be secured when the signed contract and credit card authorization (Visa or MasterCard only) are received and completed. All bookings for services are made on a “first-come-first-served” basis. No dates will be guaranteed without a signed contract and deposit.

Authorization/Deposit: _____ initials

All services scheduled must be held with a credit card valid through the date of service. We require a valid credit card to be authorized and kept on file and a signed agreement from the main contact person.

Services & Payments: _____ initials

Your balance can be paid by cash or credit card. You may make your payment before or after receiving your services on the day of your event.

Additional Charges: _____ initials

Prices are subject to change at any time without notice, as well as, when styling needs change or services are added.

Contract & Appointment Changes: _____ initials

All agreements will be made in writing. Any changes/additions to guests or group members requesting additional services after the contract is signed must be submitted in writing (email). Changes will be accepted up to 14 days prior to the service date. The individual signing this contract is the only person permitted to authorize, submit, and change any arrangements for the group members. Contracts and changes made by anyone other than the individuals signing or listed on these contracts are not allowed and considered invalid. Gina Shaffer (Owner) is the only authorized personnel to accept and make any requested changes.

Cancellations: _____ initials

We do require a two week (14 days) advance notice of cancellation. In the event that any appointment is canceled less than two weeks (14 days) prior to your appointment, your credit card will be charged for 50% of the cost of services. If a cancellation is made within one week (7 days) or less, your credit card will be charged for 100% of the cost of services.

I have read all the Bliss Salon & Spa Group Service policies and agree to all terms.

Signature _____

Group Service Agreement

Late Arrivals: _____ initials

Tardiness results in scheduling and service conflicts for you and other clients following your appointment(s). If the scope of the original contract cannot be fulfilled due to client's tardiness, services may be reduced. However, clients are liable for the original amount. If a group is more than 30 minutes late, the assumption will be that the client is a "no-show" This will result in the client forfeiting all deposits and your credit card will be charged 100% of the total services. We apologize for any inconvenience, but we must follow this policy out of respect for our stylist and other clients.

Name: _____

Services requested: _____

Name: _____

Services requested: _____

Name: _____

Services requested: _____

Name: _____

Services requested: _____

Name: _____

Services requested: _____

Name: _____

Services requested: _____

Group Service Agreement

Name: _____

Services requested: _____

Name: _____

Services requested: _____

Name: _____

Services requested: _____

Please take note of the following:

- * To obtain the service(s) you want on the specific day and time(s) you need, we require a credit card authorization and signed agreement from the main contact person. You will be notified via email with the names of each individual receiving services and what service(s) they will be enjoying. Please respond via email and confirm that all appointments are correct. This way there will be no confusion prior to scheduled date.
- * Please be sure all individuals receiving hair services have clean, dry hair and are wearing a button-down shirt on the day of the services
- * Please arrive for your services with your entire party on time: please consider our guests who are scheduled after you.
- * Please be sure all individuals receiving massage or facial services download and complete a Client Intake Form found on the services tab under *Spa Packages* prior to their arrival.

Group Service Agreement

Credit Card Authorization

Credit Card Type: __Visa __MasterCard

Name as it appears on card: _____

CV Code: _____

Credit Card Number: _____

Expires: _____

Billing Address: _____

Card-holder's Signature: _____ Date: _____

Bliss Salon & Spa will keep all of this information strictly confidential.

Acceptance Agreement

Please understand that you are taking full responsibility for your group. If you are in agreement, please promptly sign and return to Bliss Salon & Spa via USPS or email (addresses above). We will not consider your appointment(s) firm until receipt of the signed agreement and receipt of cash deposit or a credit card number (Visa or MasterCard only) to be held on file.

Signature _____ Date _____

On behalf of Bliss Salon & Spa, we look forward to hosting your party.

Thank You!

To be completed by Bliss Booking Coordinator:

Estimated Cost \$ _____

Gratuity (20% of Services) \$ _____

Total \$ _____ Initials _____