



Group Contract Agreement

Thank you for choosing Spa Botanica for your Special Event.

Our Spa Guest Coordinators look forward to helping ensure your visit is as relaxing and care-free as possible.

Please review and complete the following forms which will guide you through the booking process, providing us with all information needed to make your day extraordinary.

Please review the contract carefully. Upon completion return the reservation request for Group Events via e-mail at: cltcc.spa@jqh.com or fax to 704.454.1799. Once received, the requested date and times for your event will be reserved.

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

All requests are subject to availability and we will do our best to accommodate all of your group's needs. You will be contacted via telephone or e-mail within 48 hours to confirm your appointment requests.

If you DO NOT receive a call or email, please contact us at 704.454.1750 or via e-mail to: cltcc.spa@jqh.com.

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

Spa Botanica
cltcc.spa@jqh.com
Phone: 704.454.1750 Fax: 704

Terms & Conditions

1. A credit card number is required to secure reservations. A 20% deposit is required at the time of booking. The remaining balance is due at the end of the event.
 - a. If you would like to have the entire spa for your group; there is a \$200 fee per hour for "Private Spa Parties." Prices may be reduced for parties of 12 or more.
2. A 20% gratuity will be added to all treatments for group services.
3. Your card will be billed 100% to the credit card on file in the event of:
 - a. No shows, cancellations, and/or changes within 72 hours of scheduled services.
 - b. 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. All groups canceling within the days stated above will incur cancellation charges that include full price service fees and 20% gratuity.
4. No changes will be allowed less than 72 hours prior to event and /or final confirmation has occurred.
5. Service pricing for all spa events shall be Spa Botanica's current Spa Menu prices. Promotional pricing is not typically offered for parties.
6. An additional service charge may be added to any events requiring specialized services and /or accommodations.
7. We do ask that you check in 20-30 minutes prior to your appointment time.
8. We are not responsible for delays due to weather, traffic, construction, directions or any other instances beyond our control.
9. Pricing and services are subject to change without notice.
10. If you are running late for an appointment, please call.
 - a. We will do our best to accommodate your service.
 - b. However, the service length may have to be adjusted in order to fit within our schedule.
 - c. The group will still be responsible for the full priced service.
11. In order to maintain the relaxing and tranquil atmosphere of our spa, *cell phones are not allowed in any area of the spa.*
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 or gender requests.
14. Billing information must be provided for all Spa Events attendees.
 - a. Please indicate which of the following you would like to have charged to your Master Account:
Spa Treatments Group Master Account Individual Pays Own
Service Enhancements Group Master Account Individual Pays Own
Other _____ Group Master Account Individual Pays Own
Special Billing Notes: _____
15. Master Account billing authorization must be approved in advance through the Embassy Suites Charlotte-Concord Accounting Department.
16. In the event that an individual does not check out with our spa guest coordinator prior to leaving the spa, all services and 20% gratuity will be charged to the Group Master Account.



Spa Botanica

Group Contract Agreement

Event Date: _____

Service start time: _____

Occasion: (Circle one) Bridal Birthday Corporate Other

Contact Name: _____

Email: _____

Telephone: _____ Fax: _____

- Please let the Spa know if your group is interested in any beverages or food for the event. We do require additional information for food and beverages services.

Would you like your event catered: circle one - Yes No

Delivery Time of Food: _____

Client Name	Service	Client Name	Service
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, hereby, understand and accept the terms and conditions outlined. Your signature verifies your agreement to participate and abide to the terms of this contract.

Group Name: _____

Name: _____

Signature: _____ Date: _____



Credit Card Payment Authorization Form

Please complete all areas below and submit the signed and dated form to the following fax number: 704.454.1799

For Spa Use Only:

Group Name:	
Event Name:	
Name of Person Making Reservations:	Phone:
Authorized amount:	Date:

Cardholder: Please complete the following section. Sign and date at the bottom of this form.

Cardholder Name: (Exactly as it appears on the credit card)				
Cardholder Billing Address:				
City:	State:	Zip Code:		
Daytime/Business Phone:		Evening Phone:		
Credit Card Type: (Circle One)				
Visa	MasterCard	American Express	Discover	Other
Credit Card Number:			Expiration Date:	
Credit Card Issuing Bank Name:			Bank Phone:	
I agree to cover, and pay for, the above categories of charges (services) up to a maximum amount of \$ _____				

Note: Charges for group deposit will be charged immediately.

Amount to be immediately charged to credit card for spa group deposit: _____

Final Balance Billed to the Credit Card (hotel use only): _____

By signing below, you authorize the hotel and Spa Botanica to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" listed above. Your further acknowledgement that if "all charges" has been selected, then all guest/group related charges (less deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____