



GROUP PARTY CONTRACT

2014 GLOSS SPA, INC.

gloss

beauty | nail lounge

WWW.SPAGLOSS.COM



Thank you for considering [Gloss - beauty | nails lounge](#) as the host facility for your upcoming event. It will be the pleasure of our entire staff to assist you in providing your guests with an exceptional experience. The enclosed information is designed to assist you with the planning of your activities, as well as introduce you to our simple policies that will lead to a truly memorable and seamless event.

In addition to the basic information includes terms and policies for items such as deposit, reservations, timeliness, cancellation, etc. Please initial each page signifying that you agree, and complete the event information page.

The remaining information regarding your special day, such as date, time, services, etc., you will find a services form to use as a guide as you plan your evening. Please provide all the names for your guests (including you) and circle the service(s) code which each of your guest to receive. You may return the completed contract either by email, drop-off, or mail, to Gloss.

Please note, Gloss is devoted to promoting natural nails care in an eco-friendly environment. Therefore, Gloss does not provide any artificial nails care (acrylics, gel powder, liquid gel). Our mission is to use the finest organic products to relax our customers while nourishing their natural nails.

This is the contract giving the terms upon which we agree to provide our spa services, containing important terms that you should read carefully. We are available to answer any question you may have about these terms, or about any other aspect of your up-coming event.

Once again, thank you for choosing [Gloss - beauty | nails lounge](#) for your function. We look forward to providing an enjoyable experience!



955 Main Street
Melrose, MA 02176
Phone : 781-620-1709
E-Mail : info@spagloss.com

www.spagloss.com



THE SERVICE LIST

OUR PRICE LIST

1

EXFOLIATE

blend that dissolves like honey and removes dead skin with delicate sugar crystals that dissolve completely to leave behind soothed and softened skin

2

SOOTH

moisture mask that hydrates and refreshed leaving the skin soft, glowing, and youthful

3

HYDRATE

luxury lotion that contains a unique balance of vitamins, nutrients, and essential oils that repairs dry or damaged skin and stimulates senses



Manicure |25 min| 15
Pedicure |40 min| 30



Manicure |30 min| 30
Pedicure |45 min| 40



Manicure |30 min| 20
Pedicure |45 min| 40



Herbal Add-on 10
Gel nails polish 20
Gel toes polish 20
Gel removal only 5
French tip design 5
Two artwork design 5
Paraffin treatment 5
Hot stone massage 5
Hands polish change 12
Feet polish change 12



Princess Mani 13
Princess Pedi 17
Nails polish 8
Toes polish 7



Lip	8	Bikini	35+
Chin	10	Brazilian	50+
Full Face	35	Full Leg	50+
Eyebrows	12	Half Leg	30+
Underarms	18	Full Arms	35+
Lip, Brows & Chin	25	Half Arms	25+



Back waxing 40+
Chest waxing 30+
Abs+Chest waxing 45+
Sport Manicure 15
Sport Pedicure 30

Prices are subject to change without notice.



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LET PARTY WITH US

WEDDING
ENGAGEMENT
GIRLS NIGHT OUT
BIRTHDAY
MOM-TO-BE
BABY SHOWER
AND MORE ...



GLOSS PARTY

CONTRACT AGREEMENTS

EVENT INFORMATION

Primary Contact _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____

Email Address _____

Event Date _____ Time _____

Type of event:

Wedding Party Engagement Other _____

FOR GLOSS USE ONLY

Contract intake date _____

Deposit date _____ Amount of _____

Pay-in: Person Phone Other _____

Please check following if:

- Block out event date & time
- Enter excel tracking database
- Booked the services for all the guests
- Call and remind the contact person a week before the date of event



GLOSS PARTY

TERMS & POLICIES

DEPOSIT

To secure your event date, GLOSS requires a deposit in the total amount of the "primary contact" services and a signed contract. We will no longer hold your date without a deposit and signed contract. We have the right to cancel or not to hold your reservation and this Group Party Contract, if we does not received the deposit in full by the required payment date. _____

SERVICE CHARGES

A service gratuity of 20% is appreciate to all parties of 10 or more. Please inform all of your guests know that gratuity is only accepted by cash. For the convenience, the gratuity may leave with the Font Desk Managers when check out individually.

DAMAGES

The Primary Contact for the event assumes responsibility for any damages or loss on the property during the event. Gloss does not assume any responsibility for lost or damages articles belonging to guests. The Primary Contact will assume financial responsibility for any damages that occur to Gloss property as a result of the function.

RESERVATIONS

We suggest that the party take place at the beginning of the day or at the end of the day so we can give your occasion our full and undivided attention. If that does not fit your schedule, we are more than happy to schedule your party during our business hours and with your cooperation, we will do everything in our power to ensure you receive the best possible service. Please fill out the attached form which details out how many people are attending, what services they are requesting.

Last Minute Add On: If this occurrence will happen, please call us in 24 hours of advanced so we will try to rearrange the schedule. We will not guarantee that we can accommodate any additional clients towards the group but with that being said, we will try our best.

You should inform us of all the requested services for your party and will be sure to contact us with any service changes two days prior to my scheduled event.

TIMELINESS

We ask that all group party attendees arrive about 15 minutes early to ensure that they have enough time to relax, unwind, and pick out their polish. If anyone does happen to be late, we will accommodate to our best abilities but cannot guarantee that they receive the full time required for their service due to respect for the next client coming in.

You should be understand that all the members of your party must be in attendance 15 minutes prior to the requested service time in order to take full advantage of the time allotted for your/their appointment. You also understand that if any member of your party is late, Gloss will accommodate to our best ability but cannot guarantee that you/they receive a full-proposed service.

INITIAL _____



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GLOSS PARTY

TERMS & POLICIES

CANCELLATION OR DOWNGRADE SERVICE

We do ask that group party that needs to be cancelled give at least two weeks notice. If you cancel or breach this Group Party Contract for any reason other than Force Majeure, the "Primary Contact" will be responsible for the following cancellation penalties:

CONDITION

If you cancel the contract within two weeks prior to the event date
If you cancel the contract within one weeks prior to the event date
If you cancel any services within 24 hours prior to the event date
If you or your guests downgrade the services after checked-in
If any "No Shows" that do not show for their appointment

PENALTY AMOUNT

25% of total amount of your group services
50% of total amount of your group services
50% of total amount of the services
100% of total amount of the original services
100% of total amount of the services

I, _____, have read and fully understand the cancellation policy and will inform Gloss of any and all cancellations pertaining to the party's appointment. I understand that Gloss has the right to charge my given Gloss' gift certificate or credit card if I do not abide by the cancellation agreement stated above.

SIGNATURE(S) REQUIRED FOR GIFT CERTIFICATE AND CREDIT CARD PAYMENTS

If paying or make a deposit by credit card or Gloss' gift certificate, please fill out all the requested fields below. Signature below indicate cardholder's acknowledgement of receipt of deposits/services/fees and agreement to perform the obligations set forth in the Cardholder's agreement with the issuer.

Credit Card Type: _____

Gift or Card No.: _____

Expires Date: _____

Security Code: _____

Billing Zip Code: _____

Name on Card: _____

Signature

* _____

PRIMARY CONTACT SIGNATURE/DATE

I, (Print Name) _____, hereby declare that I have read and fully understand that there are possible side effects and risks pertaining to the services provided at Gloss and the licensed employees are not liable for any damages or injuries performed during or after the service. I declare that I have read and fully understand the cancellation policy of Gloss and if any cancellation were to occur within two weeks prior to the event date, I give Gloss permission to use my given Credit Card. Gloss and their employees are confidential, and any information that I choose not to give is my responsibility, if any incident were to occur. I declare that the information I have given is accurate, as of this date, and I as the client have the responsibility to keep Gloss completely updated.

Sign Here _____

Date _____



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GLOSS PARTY

SERVICES FORM

SERVICES CODE & PARTY NOTE!

Classic Manicure = Cm
Classic Pedicure = Cp

Herbal Manicure = Hm
Herbal Pedicure = Hp

Gel Manicure = Gm
Gel Pedicure = Gp

French Design = +F
(Applied to any hands
+/- feet care service
of choice)

Event Date: _____ Time: _____

Please provide all the names and contact information for your guests (including you). Also circle the Service(s) code which each of your guest to receive.

NOTE! Gloss does not provide any artificial nails care.

Guest Name First & Last Please <u>circle</u> C=Children (under 10)	Service(s) Please <u>circle</u> the service code for the guest.	Phone # or Email Address
1. <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
2. <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
3. <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
4. <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
5. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
6. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
7. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
8. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
9. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
10. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
11. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
12. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	



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Guest Name First & Last Please <u>circle</u> C=Children (under 10)	Service(s) Please <u>circle</u> the service code for the guest.	Phone # or Email Address
13. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
14. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
15. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
16. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
17. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
18. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
19. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
20. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
21. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
22. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
23. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
24. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
25. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
26. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
27. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	
28. c <input type="checkbox"/> Checked-in <input type="checkbox"/> Cancel Date _____ <input type="checkbox"/> No-Show	Cm Cp Gm Gp Hm Hp +F +F Note:	





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