

PARKER DAY SPA STAY WELLNESS CLUB CONTRACT TIER 2

I, _____, authorize \$69.95 or \$99.90 (circle one) to be charged to my credit card on the first of every month. This is a six month contract effective upon the date of signing. At the end of the six month period an auto renewal will be instated -- at this time you have the option of cancelling at any time for future months. You must commit to the first six months in order to receive the special price. **Please understand the cancellation of this club is your responsibility and may only be done upon completion of the six month commitment.** **Written cancellation form must be received 2 weeks prior to club cancellation.** Thank you for your understanding and cooperation.

Add – Ons:

- Tip Amount _____ Please Initial _____
- Sauna Before \$10 Please Initial _____
- Vibration Plate \$10 Please Initial _____
- Oxygen Bar \$10 Please Initial _____
- Add All Three \$25 Please Initial _____
- Ion Cleanses \$25 Please Initial _____

Membership Includes:

- One 60 minutes Custom Massage with moist heat or 60 Minute Custom Facial with Extractions, for the month. If you chose a 90 Minute Club, then a \$80 charge will be made monthly for one 90 minute of a custom facial or a custom massage. Any additional massages/facials, for each member, during the month are only \$69.95 or \$99.90. This will be charged at the front desk.
- You may receive 10% off any regular priced treatments, as long as you are an active "Club Member".
- You may receive Laser hair Removal Treatments for Upper Lip, Chin and / or Underarms for only \$25 each of the three separate stated zones.
- Treatments are followed by hot tea or reverse osmosis water and a healthy snack.
- *****Unused massages/facials are not rolled over to the next month. Please Initial _____**
- If you cannot get in on a certain month, you can gift that session to someone of your choosing by the 15th of the month. Guest must be scheduled by the 20th of the month.
- **Written cancellation form must be received 2 weeks prior to club cancellation. Please initial _____**
- **After Six Month Commitment has been met, this will be an on-going club until we receive a cancellation in writing. Written cancellation form must be received 2 weeks prior to club cancellation. Please Initial : _____**

*My signature authorizes Parker Med Spa to charge my credit card listed below (circle one) \$69.95 or \$99.90 on the first day of the month following the completion of this form. All policies and restrictions become effective on the date this form is completed and signed. **Your 6 month contract begins at the first auto draw.***

Signature _____ **Print Name** _____ **Date** _____

Home Address _____ **City** _____ **Zip** _____

Credit Card # _____ **Exp** ____/____ **CVV** _____

Phone Number _____ **(must) Email Address (MUST)** _____

OFFICE USE ONLY

--	--	--

Was Payment taken at desk & date? _____ **1st Auto payment Date:** _____ **Facial or Massage** _____

Entered Dated: _____ **by:** _____ **Copy scanned to guest by :** _____