



RADIANCE  
SPA

**Group Reservation Form**

2600 York Road

Jamison, PA 18929

Phone: (215) 343-0350 ext. 6

Fax: (215) 343-0418

Email: info@radiance-spa.com

**Available Dates:**

The below dates are tentative because we cannot reserve services until credit card numbers are received. Also, these dates may have been shared with other groups who are considering Radiance. The booking will be based on the first group to get their Group Reservation Form in along with their deposits.

**Kindly determine a date and complete the forms as soon as possible** so that other clients/groups will not have the opportunity to book services on the date you have requested.

Option I: \_\_\_\_\_

Option II: \_\_\_\_\_

Option III: \_\_\_\_\_

**Special Requests:** please list any special accommodations that may be required, such as scheduling, food, health, handicaps, etc.

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**The Group Leader is responsible for ensuring that all guidelines are shared with each guest visiting Radiance Spa.**

## Group Guidelines

We recommend that you make your appointment 4 - 6 weeks in advance to ensure you get desired appointment date and time. Only individuals enjoying services are allowed in the spa.

**Credit Card Deposits:** Before we can reserve your services we require the completed group reservation for each person attending and a credit card numbers on the form along with the expiration date.

**Gratuuity:** With groups we suggest a 15% gratuity.

**What to Wear:** Upon your arrival at the Spa, you will receive a locker key, a luxurious robe and a pair of slippers for your use. If you are enjoying our Steam Room or decide to take a shower after your Body Therapy treatment, a towel will be provided for your use. We suggest that you do not bring any valuables to the spa as we cannot be responsible for loss or damage of personal items.

**Food and Beverage:** We want to ensure that your experience is an enjoyable one. Complimentary wine and tasty refreshments will be served with your party. If you have special food or beverage requests, please speak directly to the Spa Director.

**Your timeliness** is greatly appreciated so that you can enjoy the full benefits of your services. Treatments are scheduled to permit the proper amount of time to complete each service. We suggest arriving **30 minutes** before your service to ensure we begin on time. Early arrival starts off your day on a positive note.

### Important Notice

**Group Cancellation Policy:** a **one-week notice** (5 business days) is **required** for cancellation of services to avoid the full service amount being charged to you. Last minute cancellations of any group member will be charged the full amount for the service slots reserved for that day. **A replacement person to fill the slot is acceptable.** We require a credit card (Visa or MasterCard) for each client to hold the appointment slots. A group leader may choose to use his/her card to hold all slots.

### **Your Treatments**

Group members may choose services from our Spa Packages or customize their own package from the menu. If you would like recommendations on services for your group size and time available, please contact the Spa Director.



## Group Reservation Form

Kindly complete the following information on each person in your group.

Contact Person: \_\_\_\_\_ Group Size: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home# _____ Cell# _____</p> <p>Requested Services or Package Name:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Deposit: M/C _____ Visa _____</p> <p>Card # _____</p> <p>Expiration date: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home# _____ Cell# _____</p> <p>Requested Services or Package Name:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Deposit: M/C _____ Visa _____</p> <p>Card # _____</p> <p>Expiration date: _____</p>
<p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home# _____ Cell# _____</p> <p>Requested Services or Package Name:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Deposit: M/C _____ Visa _____</p> <p>Card # _____</p> <p>Expiration date: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home# _____ Cell# _____</p> <p>Requested Services or Package Name:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Deposit: M/C _____ Visa _____</p> <p>Card # _____</p> <p>Expiration date: _____</p>

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Requested Services or Package Name:

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\_\_\_\_\_

Deposit: M/C \_\_\_\_\_ Visa \_\_\_\_\_

Card # \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Requested Services or Package Name:

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Deposit: M/C \_\_\_\_\_ Visa \_\_\_\_\_

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Home# \_\_\_\_\_ Cell# \_\_\_\_\_

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Deposit: M/C \_\_\_\_\_ Visa \_\_\_\_\_

Card # \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name: \_\_\_\_\_

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Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Requested Services or Package Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deposit: M/C \_\_\_\_\_ Visa \_\_\_\_\_

Card # \_\_\_\_\_

Expiration date: \_\_\_\_\_

**Cancellation Policy:** A one-week notice (5 business days) is required for cancellation of services to avoid the full service amount being charged to you. A replacement person for the slot is acceptable.

**Contact Person:** Please sign acknowledging that all guidelines have been read and shared with Group Members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_