Spa Soak - Chicago: Event Contract & Agreement

In order to secure the requested date & time of your event, we require a credit card on file which will serve as reservation for all guests. Please read below for our event cancellation policy, in which the card you provide may be used.

Main Contact / Event Organizer Name:			
Phone:	_ Email:		
CC #:	_ Exp:	CVC:	Zip:
Event Date:	Event Time:		_
Guests (First & Last Name):	Service(s) Re	quested:	
We allow cancellations up until 72 hours			
hours threshold, you will be subject to a cancel within 24 hours of the event, you	_		-
corresponding services.	a will be subje		large towards the
I, as the event organizer, understand th	nat I will be he	eld financially re	esponsible for any
last-minute cancellations on behalf of t	the other part	ty members an	d myself. I also
acknowledge that I am responsible for	relaying the a	above policies t	o the rest of the party.
Signature:		Dat	te:

This form must be signed + emailed back to the Spa - reservations@spasoakchicago.com