



Natural Body / 10Ten Morningside Group Booking Information and Agreement

Thank you for choosing *Natural Body / 10Ten Morningside* for your special occasion. We are delighted to provide you and your party with a relaxing haven and memorable spa experience. Please review our group booking information for parties of **5 or more** (*subject to change due to occasion and services*) and complete our Group Booking Form so that we may best accommodate your needs. You will be assigned to a Natural Body / 10Ten Morningside Group Coordinator, who will assist you with your special day, and ensure a wonderful experience for all of your party.

- **Reservations** – all parties require a credit card to hold reservations.
- **Gratuities charges** – a 20% therapist's gratuity fee will be automatically added to the regular service price for all group participants.
- **Groups are required to have one designated contact for the event.** The group contact person is responsible for providing the names in the party, services each member will receive and the desired starting times of services. The group contact person will be assigned a Natural Body Group Coordinator to handle all of your event requirements and spa service needs.
- **Last Minute Schedule Change** – Prior to 48 hours of the scheduled event, the Natural Body Group Coordinator will assist you in scheduling your group and any changes you may need. However, in order to provide a calm and tranquil occasion for your event, we will be unable to make adjustments to the final schedule, agreed upon by both parties, 48 hours prior to the event.
- **Cancellations** – Due to the high demand for service appointments, as well as courtesy to your therapists, group bookings require a 48 hour cancellation notice for any changes to any participant's service. Cancellations of less than 48 hours will be charge a 50% fee of scheduled services. Any No-Shows or same day cancellations will be charged 100% of the services scheduled.
- **Late Arrivals** – We regret that late arrivals will not receive an extension of scheduled service times and will be responsible for full service fees. If you will be bringing food or beverages to your event, **the group contact person should arrive 30 minutes prior to the first scheduled service** to assist us in your set up. We suggest that **the complete group arrive 15 minutes prior to the scheduled appointments** to ensure a relaxing and positive spa experience.
- **Food** – Natural Body proudly offers Spa Lunches to all of our clients for \$15 per person. Our guest services staff will gladly take your order and provide you with the Spa Lunch at the specific time allowed between spa services. You are also welcome to bring your own food and beverages to our spa. We do however require they are non-heated foods that do not produce any food odors so that we may maintain our spa atmosphere and ambience. **If you wish to bring food into the spa you are required to bring your own serving dishes, plates, cutlery, cups, napkins, etc.** Our guest services staff is happy to assist you with the set up of all of your event items.

- **Drinks** – Natural Body / 10Ten Morningside discourages the consumption of alcoholic beverages due to the contraindications of massage and body treatments. However, if you wish to bring and consume alcoholic beverages (wine and champagne) in our spa, you must sign an alcohol liability waiver provided by Natural Body.

Written Agreement – I agree to the terms outlined above. By acting as group contact person, I assume responsibility for all associated fees or cancellations as referenced above.

Group Contact Name (print)

Contact Phone Number

E-mail Address

Group Contact Signature Date:



**Natural Body / 10Ten Morningside
Group Booking Form**

The group contact's credit card number will be used to reserve all appointments and to pay for any cancellation charges or fees. It may be used for the total charges, but group participants are certainly welcome to pay separately and/or individually for their services upon checkout. A gratuity fee of 20% will be applied to each service. ***Please see Group Booking Credit Card Authorization Form. This form must be completed in order to reserve group appointments.***

Date of desired group booking: _____

Total number of group participants: _____

In order to ensure the most optimal spa day for each client, please list each group participant in the spaces provided below and complete the required information for each participant. If there is a special occasion involved, please note the relevance of each participant (bride, mother of the bride, birthday girl, graduate, etc.).

Group Participant:

Name: _____

Services requested: _____

- Preferred starting time of first service: _____
- If massage or body treatment is requested, does client prefer male, female or no preference: _____
- Does this client have any special needs or have specific requests? _____

Group Participant:

Name: _____

Services requested: _____

- Preferred starting time of first service: _____
- If massage or body treatment is requested, does client prefer male, female or no preference: _____
- Does this client have any special needs or have specific requests? _____

Group Participant:

Name: _____

Services requested: _____

- Preferred starting time of first service: _____
- If massage or body treatment is requested, does client prefer male, female or no preference: _____
- Does this client have any special needs or have specific requests? _____

Group Participant:

Name: _____

Services requested: _____

- Preferred starting time of first service: _____
- If massage or body treatment is requested, does client prefer male, female or no preference: _____
- Does this client have any special needs or have specific requests? _____

Group Participant:

Name: _____

Services requested: _____

- Preferred starting time of first service: _____
- If massage or body treatment is requested, does client prefer male, female or no preference: _____
- Does this client have any special needs or have specific requests? _____

Group Participant:

Name: _____

Services requested: _____

- Preferred starting time of first service: _____
- If massage or body treatment is requested, does client prefer male, female or no preference: _____
- Does this client have any special needs or have specific requests? _____

Group Participant:

Name: _____

Services requested: _____

- Preferred starting time of first service: _____
- If massage or body treatment is requested, does client prefer male, female or no preference: _____
- Does this client have any special needs or have specific requests? _____

Group Participant:

Name: _____

Services requested: _____

- Preferred starting time of first service: _____
- If massage or body treatment is requested, does client prefer male, female or no preference: _____
- Does this client have any special needs or have specific requests? _____

Group Participant:

Name: _____

Services requested: _____

- Preferred starting time of first service: _____
- If massage or body treatment is requested, does client prefer male, female or no preference: _____
- Does this client have any special needs or have specific requests? _____

Group Participant:

Name: _____

Services requested: _____

- Preferred starting time of first service: _____
- If massage or body treatment is requested, does client prefer male, female or no preference: _____
- Does this client have any special needs or have specific requests? _____

Will your group require a Spa Lunch during your group visit? (Y / N)

If “yes”, our Group Coordinator will provide a menu and assist you with all orders.

Will you be bringing food or beverages to the spa? (Y / N)

If “yes”, please inform our Group Coordinator of your plans to help us determine how best to assist you.

Will you be bringing alcoholic beverages (wine or champagne) to the spa? (Y / N)

If you wish to bring any alcoholic beverages to the spa, you are required to read and sign our alcohol liability waiver below. *Each participant will need to sign the below alcohol liability waiver form upon arrival.*

Natural Body / 10Ten Morningside
1402 N. Highland Avenue
Suite 1
Atlanta, GA 30306

Addendum to Client Profile
Alcohol Consumption

I understand that Natural Body does not recommend alcohol consumption within 12 hours of or during service. Alcohol can interfere with the body's natural detoxification process which occurs as a result of services. I understand that if I choose to drink alcohol I will be disrupting this process.

I absolve Natural Body / 10Ten Morningside of all responsibility.

Name (print)

Date

Signature



**Natural Body / 10Ten Morningside
Alcohol Liability Waiver Form**

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1402 N. Highland Avenue
Suite 1
Atlanta, GA 30306

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I absolve Natural Body / 10Ten Morningside of all responsibility.

Name (print)

Date

Signature



Group Booking Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to sign and date the form before submission. Please fax the completed form to Natural Body Morningside at 404-817-7101.

Please contact the Spa Director, Assistant Director, or Lead Coordinator at _____ if you have any questions.

Card Holder Information – Required

First Name: _____ Last Name: _____

Name as it appears on the credit/debit card: _____

Card Type: Visa MasterCard American Express Discover
Account Type: Individual (Personal Credit Card) Corporate

Company Name (for Corporate card only): _____

Credit Card Number: _____ Expiration Date: _____ CVV: (3 or 4 digit security code) _____

Billing Address (where statement is mailed): _____

City, State, and Zip: _____

Phone: _____

Fax or Email Address: _____

Rate Information and Approved Charges

Total Amount of Services: _____ Gratuity Amount: _____

I certify that all information is complete and accurate. I hereby authorize Natural Body Spa and Shoppe to collect payment for all charges as indicated in the Rate Information and Approved charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire day. I understand a new form will have to be completed if guest wishes to add on additional services. I certify I am the authorized signer of the credit card listed above.

Cardholder name (printed): _____

Cardholder Signature: _____ Date: _____