



*Spa
Botanica*
Group Contract Agreement

Thank you for choosing Spa Botanica for your Special Event.

Our Spa Guest Coordinators look forward to helping ensure your visit is as relaxing and care-free as possible. Please review and complete the following forms which will guide you through the booking process, providing us with all information needed to make your day extraordinary.

Please review the contract carefully. Upon completion, return the reservation request for Group Events via e-mail at: info@spabotanicaloveland.com or fax to 970-593-6202. Once received, the requested date and times for your event will be reserved.

Please understand that we are unable to reserve appointments until completed Group Contract Agreement is received.

All requests are subject to availability and we will do our best to accommodate all of your group's needs. You will be contacted via telephone or e-mail within 48 hours to confirm your appointment requests.

If you DO NOT receive a call or email, please contact us at 970-612-2380 or via e-mail to: info@spabotanicaloveland.com.

We look forward to helping you celebrate your event: corporate, bridal, birthdays, or just a well-deserved day of relaxation shared with friends.

Spa Botanica
info@spabotanicaloveland.com
Phone: 970-612-2380
Fax: 970-593-6202

Terms & Conditions

1. A credit card number is required to secure reservations.
2. If you would like to have the entire spa for your group, there is a \$150 fee per hour for “Private Spa Parties.” The rental fee may be reduced or eliminated depending on how many services are booked at one time.
3. A 20% gratuity will be added to all treatments for group services.
4. Your card will be billed 100% to the credit card on file in the event of:
 - a. No shows, cancellations, and/or changes within 72 hours of scheduled services.
 - b. Groups of 5-10 are required to give a one week (7 days) notice to cancel. Groups of 11 or more are required to give a two week (14 days) notice to cancel. All groups canceling within the days stated above will incur cancellation charges up to full price service fees and 20% gratuity.
5. No changes will be allowed less than 72 hours prior to event and /or final confirmation has occurred.
6. Service pricing for all spa events shall be Spa Botanica’s current Spa Menu prices. With the exception of posted monthly specials, promotional pricing is not typically offered for parties.
7. An additional service charge may be added to any events requiring specialized services and /or accommodations.
8. We do ask that you check in 20-30 minutes prior to your appointment time.
9. We are not responsible for delays due to weather, traffic, construction, directions or any other instances beyond our control.
10. Pricing and services are subject to change without notice.
11. If you are running late for an appointment, please call.
 - a. We will do our best to accommodate your service.
 - b. The service length may have to be adjusted in order to fit within our schedule.
 - c. The group will still be responsible for the full priced service.
12. In order to maintain the relaxing and tranquil atmosphere of our spa, cell phone use is not allowed in any area of the spa.
13. In order to ensure a relaxing and quality experience, we request all group appointments be assigned to individual group members a minimum of 2 weeks in advance of arrival. Altering services after this point is not recommended, however, we will certainly continue to do our best to accommodate your changing needs.
14. We are unable to guarantee individualized therapist or gender requests.
15. Billing information must be provided for all Spa Events attendees.

Please indicate which of the following you would like to have charged to your Master Account:

Spa Treatments: Group Master Account Individual Pays Own

Service Enhancements: Group Master Account Individual Pays Own

Other _____ Group Master Account Individual Pays Own

Special Billing Notes: _____
16. Master Account billing authorization must be approved in advance through the Embassy Suites Loveland Accounting Department.
17. In the event that an individual does not check out with our spa guest coordinator prior to leaving the spa, all services and 20% gratuity will be charged to the Group Master Account.

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Requested Event Date(s): _____

Requested Service start time(s): _____

Occasion: Bridal Birthday Corporate Other _____

Group or Business Name: _____

Contact Name: _____

Email: _____

Telephone: _____ Fax: _____

Please let the Spa know if your group is interested in any beverages or food for the event. We do require additional information for food and beverages services.

Would you like your event catered? Yes No

Delivery Time of Food: _____

Number of Guests: _____

Types of Services Requested: _____

A group coordinator will work with you to receive names and assist with selection of services to be received by each guest. Once established, a schedule will be provided and will become part of the group agreement.

I, hereby, understand and accept the terms and conditions outlined. Your signature verifies your agreement to participate and abide to the terms of this contract.

Group Name: _____

Name: _____

Signature: _____ Date: _____



Group Master Account Credit Card Payment Authorization Form

Please complete all areas below and submit the signed and dated form to info@spabotanicaloveland.com or fax to our Accounting office at 970-612-2398.

For Spa Use Only:

Group Name:	
Event Name:	
Name of Person Making Reservations:	Phone:
Final amount charged:	Event Date:

Cardholder: Please complete the following section. Sign and date at the bottom of this form.

Cardholder Name: (Exactly as it appears on the credit card)	
Daytime/Business Phone:	Evening Phone:
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Other	
Last Four Digits of Credit Card Number*: X- _____	Expiration Date:

*A representative will call you to obtain the full number by phone.

I request that the above credit card be used as the Master Account per the group booking contract agreement with Spa Botanica at the Embassy Suites by Hilton – Loveland Hotel, Spa & Conference Center. I state that I am the primary card holder or an authorized user for the credit card account and will pay all charges incurred as agreed upon. I also understand that I am liable for the full service fees booked under the group contract until individual attendees provide their own credit card number to hold their reservations or if any attendee is unable to pay.

I agree to pay for all of the group charges. _____ (initial)

Special Instructions: _____

Cardholder Signature: _____

Date: _____