

# JUDIT EUROPEAN DAY SPA

- FIRST TIME CLIENT FORM -

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

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

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

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Birthday: Month / Day / Year \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*(By providing your e-mail address, you will receive our E-mail specials only. We do not sell or use your e-mail address for any other purpose.)*

How did you hear about us? \_\_\_\_\_

All treatments are reserved just for you. We ask that any cancellations be made at least **24-hours in advance**. 50% of the price of the service will be charged for cancellations made with less than **6 hour notice** unless we are able to fill your appointment, then there will be no charge.

No shows are charged the cost of full treatment price.

I read and agreed to cancellation terms.

### Spa Etiquette:

**Please turn off your cell phone. Please keep in mind that there are treatments in progress and use your inside voice. Please, for your peace of mind, keep your valuables with you.**

Signature:

Date:

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