

(3 or more guests)

2036 East 7<sup>th</sup> Street
Charlotte, NC 28204

Phone: 704-333-8777 Fax: 704-333-8677

E-mail – oasisdayspacharlotte@yahoo.com Website – www.oasischarlotte.com

#### **Available Dates**

Please determine a date and complete the form as soon as possible so that other clients or groups will not have the opportunity to reserve services on the date(s) you have requested.

Available dates may have been shared with other groups considering Oasis, so reservations are based on the first group to turn in their completed Group Reservation Form along with appropriate information.

Oasis cannot reserve services until all information is received along with credit card information

# **Requested Dates**

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Date Option I:	
Date Option II:	
Date Option III:	
Special Needs	
Please list special accommodations that may be required (health issues, special sp	a robe size, handicap needs, etc.)

### **Group Guidelines**

**Groups**: We recommend that you make your appointment 4 - 6 weeks in advance to ensure you receive your desired appointment date and time. We make our best effort to reserve the entire spa for a group so that other customers are not mixed in with your group.

**Credit Card Confirmation:** Before we can reserve your services we require the completed group reservation form for each persons attending and **a credit card number for each person attending**. List individual credit card numbers on the form along with the expiration date and 3 digit code.

What to wear: Since you will wear a body wrap for most of your spa services, be as comfortable or casual as you like when visiting Oasis. Wear something that does not wrinkle easily. A spa robe, body wrap and sanitized slippers are provided for use during your services.

**Jewelry and Valuables:** Since you will have to remove all jewelry before your services, **we suggest that you arrange care for your valuables prior to your visit with us.** Unfortunately, we are not take responsibility for valuables that are lost, left in a robe pocket or in a treatment room.

**Your punctuality** is greatly appreciated so that you can receive the full benefit of your services. We have our scheduling down to a science to permit the proper amount of time to complete each treatment. With groups, we find that an arrival time of 20 - 30 minutes before your service time works well to ensure we begin on time. An early arrival helps your day start out with a positive beginning. Services lost due to lack of punctuality will be charged in full to the individual. **Please arrive on time to avoid paying for services you did not receive.** 

**Parking: There is parking onsite; however, we** ask that group members car pool when possible.

**Gratuity:** With groups, we ask for a 15% Gratuity per person at check out. Oasis Front Desk Staff and Coordinators will be included in this gratuity for their assistance in making your group visit a positive one.

**Group Cancellation Policy:** A one-week notice (5 business days) is required for cancellation of any service(s) to avoid the full service amount being charged to you. We require that each guest provide an individual credit card number to hold appointment slots, unless the group leader is accepting responsibility for all charges for group members. Last minute cancellations of any group member will be charged the full amount for the service slots reserved-- a replacement person to fill the slots if acceptable.

# **Suggested Group Packages**

Scheduling for large groups requires that you have a good mix of the services that we offer, so we have listed some spa packages that work well with groups. This is not to say that you cannot choose a different type of facial or upgrade a massage to one hour, or choose another package.

Package-A

Package-B

Package-C

\$175

\$200

\$220

Lemongrass Manicure Full Body Swedish Massage Botanical Facial

Sole Indulgence Pedicure
The Renewal Facial
Full Body Swedish Massage

Tropical Manicure
Sole Indulgence Pedicure
The Renewal Facial
Ginger Wasabi Massage

## **Oasis Group Reservation Form**

#### **Cancellation Policy**

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Please complete the following information on each person in your group

Contact Person:	Number in Group: Date Requested:	
Home# Work#	Cell#	
Name:		
Address:	Address:	
City: State: Zip:	City: State: Zip:	
Home#: Work#:	Home#: Work#:	
Requested Service(s) or Package Name:	Requested Service(s) or Package Name:	
✓ Please check M/C Visa Discover		
Acct.#		
Expiration Date: 3 Digit Code:	Expiration Date: 3 Digit Code:	
Name:	Name:	
Address:	Address:	
City: State: Zip:	City: State: Zip:	
Home#: Work#:	Home#: Work#:	
Requested Service(s) or Package Name:	Requested Service(s) or Package Name:	
✓ Please check M/C Visa Discover		
Acct.#		
Expiration Date: 3 Digit Code:	Expiration Date: 3 Digit Code:	

#### **Contact Person**

Please sign acknowledging that	all guidelines have been read and	d shared with all Group Members
Signature:	Dai	te: