

GROUP PARTY SIGN-UP FORM:

MELLOW ME OUT
1120 Fulton Ave, Ste H
Sacramento, CA 95825
(916) 482-2SPA option 1
FAX: (916) 977-0757

MELLOW ME OUT
555 Capitol Mall Ste. 276
Sacramento, CA 95814
(916) 482-2SPA option 2
FAX: (916) 443-6121

***Please check the box next to the location where the group party will be held.**

CONTACT PERSON (Who is setting up & confirming appointments with all group members):

Name: _____

Address: _____

Home/Cell Phone: _____

Work Phone: _____

Credit Card #: _____ Expiration Date: _____

Please Initial Below

_____ | authorize *Mellow Me Out* to charge this credit card number for any No Shows or Cancellations of less than 24 Hours. Guests acknowledge that they are to all arrive at the same time – which is 20-30 minutes **before** the start time. They will relax in one of our communal Lounge Areas and may rotate through with their services. Guests realize that they may begin and end services at different times, but everyone needs to check in at the same time. Once the services are booked, guests will be unable to switch or add on services or people. However, Mellow Me Out will try to accommodate you to the best of our ability.

_____ | If, for any reason, my group and I do not arrive 20-30 minutes **before** the start time, I understand that the foot bath (which is at the beginning of the service) will be forfeited.

_____ | For any guests who may be pregnant, a doctor's note is required *prior* to the massage service.

_____ | All guests are 13 years of age or older.

_____ | By faxing and signing this form, I understand there is no guarantee of my desired Date/Time of party until verbally confirmed with the Spa Director or Party Coordinator.

_____ | The full price will be charged to parties that cancel the same day or less than policy requirements. The cancellation requirements are: 24hrs for up to 3 guests, 48hrs for 4-6 guests, and 7 days for 7 or more guests.

For Groups of 7 or more, gratuity of 15% will be added on to each service.

_____ | I have read this pertinent information and I acknowledge the cancellation policy and requirements.

Signature: _____ Date: _____

DATE OF PARTY 1st choice: _____ 2nd choice: _____ 3rd choice: _____
 START TIME 1st choice: _____ 2nd choice: _____ 3rd choice: _____

FULL NAME	PKG NAME AND SERVICE (S)	PREF. FOR MALE/FEMALE MASSAGE THERAPIST	HAS THIS GUEST BEEN TO MMO BEFORE?
1			
2			
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For Limo arrangements please call (916) 444-LIMO

Thank you!
 Mellow Me Out

