



Paramount DaySpa & Salon
Group Bookings

Thank you for choosing Paramount DaySpa & Salon for your Group booking. Our friendly and professional staff is committed to making your time with us both relaxing and special.

Paramount is pleased to offer private treatment rooms for individual services, a spacious Spa Suite to accommodate group bookings and a Spa Lounge for relaxing before, after or between treatments.

Date Requested: _____ Preferred Start Time: _____

Number of Guests in Group: _____

Contact name: _____ Contact Phone: _____

Contact Email: _____

Occasion: _____

Names of guests in your group: _____

Services Required/Requested: _____

Our goal is to make your time with us as pleasant as possible. Please let us know if you have any questions, concerns or special needs. We will do our very best to accommodate your requests.

Group Booking Policy

Group bookings are taken based on availability of technicians and facilities and at the sole discretion of Paramount DaySpa & Salon.

Paramount Cancellation Policy

All bookings over 3 hours and all Group Bookings must be guaranteed with a gift card, Visa or Master Card.

24 hours notice for cancellations or rescheduling of bookings requiring 3 or fewer hours of service time.

48 hours notice for cancellations or rescheduling of bookings 3 – 5 hours total service time.

1 week notice for cancellations or rescheduling of bookings 5 - 7.5 hours total service time and all groups.

3 weeks notice for any cancellations or rescheduling of groups of 6 or more or over 8 hours total booking time.

If appropriate cancellation notice is not given, a \$25 per unfilled hour cancellation fee will be charged to your method of guarantee. We will make every effort to fill cancelled appointments.

The guarantor is responsible for the cancellation fee of all no-show appointments and/or cancellations made after the required cancellation notice.

I have read the Group Booking Policy and agree to the terms and conditions set forth by Paramount DaySpa & Salon Inc.

Method of Guarantee (Visa or MC): _____ Exp: _____ CVS#: _____

Name on Card: _____

Card Holder Signature: _____

Please complete this form and return via email at sarah.paramount@shaw.ca or by fax at 306-652-8071