

Group Contract Agreement

Thank you for choosing The Spa at Viceroy Miami 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, while providing us with all information needed to make your day extraordinary. Please review the contract carefully and complete all sections (as applicable).

Upon completion of this form, please send it via email (<u>jonathan.torres@viceroymiami.com</u>) or fax: 786.429.0264. Your event (including date and time) will be reserved and confirmed within 48 hours. If you do not receive a confirmation, please contact us at 305.503.0369 or via e-mail (<u>jonathan.torres@viceroymiami.com</u>).

Please Note: Due to high demand, we are unable to reserve appointments until a completed Group Contract Agreement is received. The Spa will try to accommodate all of your group's need but realize some requests are subject to availability.

We look forward to helping you celebrate your special event (be it corporate, bridal, birthday, or just a well deserved day of relaxation) and share it with friends.

Jonathan Torres
Spa Marketing Manager



Terms & Conditions

- 1. A credit card number is required to secure reservations.
- 2. 18% gratuity will be automatically added to all treatments for group services.
- 3. Your card will be billed 100% to the credit card on file in the event of no shows, cancellations, and/or changes within 48 hours of scheduled services.
- 4. No changes will be allowed less than 48 hours prior to event and /or final confirmation has occurred.
- 5. An additional service charge may be added to any events requiring specialized services and /or accommodations.
- 6. We request all groups check-in 30 minutes prior to your appointment time.
- 7. We are not responsible for delays due to weather, traffic, construction, directions or any other instances beyond our control.
- 8. Pricing and services are subject to change without notice. Nail treatments, waxing services and facial add-ons are excluded of any discount.
- 9. If you are running late for an appointment, please call us immediately and we will do our best to accommodate your service. However, the service length may have to be adjusted in order to fit within our schedule. The group will still be responsible for the full priced service, as contracted.
- 10. In order to maintain the relaxing and tranquil atmosphere of our spa, *cell phones are not allowed in any area of the spa*.
- 11. Billing information must be provided for all Spa Events attendees.
- 12. In the event that and individual does not check out with our spa guest coordinator prior to leaving the spa, all services and 18% gratuity will be charged to the Group Master Account.



Group Contract Agreement

Event Date:		Servi	ce start time: _	
Occasion (circle one):	Bridal	Birthday	Corporate	Other:
Group Contact Name:				_
Email:				-
Telephone:		Fax: _		
Please let The Spa know require additional inform		•	•	rages or food for the event. We
Would you like your eve	nt catered?	(circle one)	Yes No	
Preferred Delivery Time	of Food:			
GUEST NAME	SE	RVICE		GENDER PREFERENCE
				ccept the terms and conditions and abide to the terms of this
Group Name:		Nam	e:	
Signature:			Date	:
Viceroy Miami				

485 Brickell Avenue

Miami, FL 33131 T 305 503 0369 F 786 429 0264 viceroyhotelsandresorts.com/miami



Spa Credit Card Authorization

I authorize Viceroy Miami to charge m	y credit card for charges incurred as outlined below:
Name:	Group Name:
Charges and approved amounts	Please check those which apply to your event
$\ \square$ All applicable charges includ	ing: spa services, food/beverage, valet, retail, etc.
☐ Limited amount of charges,	with a maximum dollar amount of \$
Billing of services Ple	ease specify where following services should be charged
Spa Treatments: □ Group Master Acco	ount or 🗆 Individual Pays Own
Service Enhancements: ☐ Group Maste	er Account or 🗆 Individual Pays Own
Other Services:	\square Group Master Account or \square Individual Pays Own
Special Billing Notes:	
Name (As appears on card):	·····
Please circle credit card type: AMEX	MC VISA DINERS DISCOVER
Credit card number	
Expiration Date:/ Security Co	de (As appears on front/back of card):
Card Issuing Bank Name:	Card Issuing Bank Tel #:
(We will call your card-issuing bank as number on the back of the card.)	a fraud-prevention measure. Number must match the
Business/Corporation Name (if applica	able):



Credit Card Billing Address:
Daytime Phone:
By signing below, you authorize The Spa at Viceroy Miami to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" listed above. Your further acknowledgement that if "all charges" has been selected, then all guest/group related charges will be charged to the above card number at the time of check-out or event conclusion.
Cardholder Signature:
Date: