

# Heathers Hairport

## Nail Party Contract

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Appointment Dates \_\_\_\_\_ Number in Nail Party \_\_\_\_\_

Deposit Amount \_\_\_\_\_

I, \_\_\_\_\_, agree to the scheduled appointment times

given on the attached forms. I understand and agree to pay the Deposit amount listed above for total of 50% of ALL services scheduled on the date of our scheduled appointments, and to pay the balance due on the day of this event. I understand that the deposit WILL NOT be refunded upon cancellation of appointments UNLESS there is a 72 hour notice given by me to the salon. I understand that a refund WILL NOT be given for members of the party who miss their appointment. If any member of your party is LATE they will be able to receive services that go accordingly to time available left with their technician. I understand that I WILL BE RESPONSIBLE for the payment of those people in my party who DO NOT show up or who are LATE.