



MM35477/CE10005963

Massage & Skincare Wellness Program

- ◆ Includes Aromatherapy – single oil or up to two
- ◆ Monthly session \$65 (50-min) or \$90 (80-min)
- ◆ Bi Monthly session \$120 (50 min) or \$170 (80 min)
- ◆ Weekly sessions \$60 (50 min) or \$85 (80 min)
- ◆ Monthly 80 minute deluxe \$140 (includes 2 add-ons)
Add-ons - Choose From: MPS, MYK, LED Therapy, Cupping, Dry Brushing, Hot Lava Shells, Hand/Foot Masque, Hand/Foot Exfoliation Treatment, Specialty masque
- ◆ Program Members enjoy 10% discount on product purchase
- ◆ Gift Certificates/Cards may be purchased at your low program rate!
- ◆ Get one (1) gift card for 25 min session to give away (Must be to different persons monthly)
- ◆ 1 FREE 50 min birthday session in your birth month
- ◆ Unused sessions roll-over (as long as your membership remains active)
- ◆ 3-month minimum requirement

- ◆ This membership **may be shared with ONE additional person** as an Associate Member (may be a family member or significant other) and **he/she will receive the same benefits as the member.**
Initials: _____

- ◆ Please include the name of this person _____
Associate Member Name

Cancellation policy: If you need to cancel for any reason we ask that you **convey the cancellation request in writing.** **There is no fee to cancel, but we do require 30 days notice.** During those 30 days, you have the opportunity to use any rolled-over massages or convert each pre-paid session to a gift certificate/card.

Initials: _____

Select your optimal health & wellness choice:

- | | |
|---|--|
| <input type="checkbox"/> 50 minute session (\$65/month) | <input type="checkbox"/> 80 minute weekly massage (\$85/ session) |
| <input type="checkbox"/> 80 minute massage (\$90/month) | <input type="checkbox"/> 50 minute bi-monthly massage/facial (\$120/month) |
| <input type="checkbox"/> 50 minute weekly massage/facial (\$60 per session) | <input type="checkbox"/> 80 minute bi-monthly massage (\$170/month) |
| <input type="checkbox"/> 80 minute Deluxe (\$140/month) | |

Member Name: _____ Start date: _____

<u>Select payment type</u>
Credit or Debit Card:
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Card Number: _____ CVC _____ Expiration Date: _____
Name of cardholder if different from member name: _____

Restrictions: **Not valid with any other offers; massage appointments must be canceled with 24 hours notice to avoid a \$25 late cancel charge; if you do not show up for a scheduled appointment, you will be charged the full member price for the missed appointment;** this is an individual membership but may be shared with ONE additional person. By signing below, I agree to the wellness program and payment type selected above. I authorize The Touch 4 Health & Wellness, LLC to charge from the above referenced account per **month.** I understand that this authority will remain in effect until the proper procedures are followed to cancel my membership. (See cancellation policy referenced above.) In the event of failed payment, The Touch has the right to immediately terminate my membership, resulting in forfeiture of any unused sessions.

Client Signature: _____ Date: _____