

DAY OF INDULGENCE

booking form



Please return Booking Forms 4 weeks prior to Day of Indulgence when a balance of £85 is also required.

Day and Date Booked: _____

Selected Programme: _____

Note: Beauty Programme: please specify your selected treatments above
eg: Beauty with Ultimate Pedicure and Express Manicure

Forename: _____ Surname: _____

Address: _____

Postcode: _____

Daytime Tel: _____ Evening Tel: _____

Mobile: _____

Special Dietary Requirements (including foods you dislike)

deposit

I enclose deposit cheque in the sum of £80. Deposit cheques, made payable to ARIES, must be received within 5 days of booking. Credit/Debit Card deposits may be made by telephone.

balance

The balance of £85 is required 4 weeks prior to your Day of Indulgence. Please make cheques payable to ARIES. To safeguard the security of your credit/debit card, balance payments can only be taken by telephone.

cancellation

Full amount of £165 is payable/forfeited if less than 4 weeks notice of cancellation is given.

insurance

We strongly advise you to check your Holiday Insurance Cover with your insurance broker to ensure that you are covered in the event of cancellation of your Day of Indulgence within 4 weeks of attending.

Medical Questionnaire

Please complete, sign and date the questionnaire overleaf.

Signed: _____

Date: _____



medical questionnaire



Date of Birth: _____ Occupation: _____

Do you suffer from any allergies: _____
(including nut allergies) _____

Are you pregnant? _____ No. of Weeks: _____

Are you taking any homeopathic treatments? _____

Are you currently taking any medication? _____

If so, for what condition? _____

Have you suffered from any form of cancer within the last five years? YES/NO

Which Year? _____ Details/Area: _____

Have you been treated by Radiotherapy or Chemotherapy? YES/NO

Which Year? _____ Details/Area: _____

Do you have any of the following conditions? If so, please tick box

- | | | |
|--|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Digestive | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Thrombosis (inc. DVT) |
| <input type="checkbox"/> Athletes Foot | <input type="checkbox"/> Heart Ailment | <input type="checkbox"/> Under Active Thyroid |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> High/Low B.P. | <input type="checkbox"/> Over Active Thyroid |
| <input type="checkbox"/> Bruising (severe) | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Muscular Pain | <input type="checkbox"/> Verrukas |
| <input type="checkbox"/> Cysts on Head | <input type="checkbox"/> Nail Fungal Infection | <input type="checkbox"/> Warts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Whiplash |

Please include below, any other medical information you feel may be relevant - including hospitalisation or surgery in the last five years:

Treatment Disclaimer

I understand that Aries Beauty Limited will not be held liable for any injury, complications or discomfort suffered during treatments where this may be linked directly or indirectly to any existing medical condition I may have.

Signed: _____

Date: _____

