



*I Believe in HFA, Inc.*  
 a not-for-profit corporation

*Invites you to join us at the*



# *Spa Party Benefit!*



**Sunday, January 18, 2009**

**Check-In begins at 12:00PM**

*(Services begin promptly at 12:30PM - appointment times for throughout the day will be given as you register on a first come first serve basis)*

**The Home of Judy Bielan**

21 Trask Avenue  
 Bayonne, NJ 07002

**Optional:**

**For more fun, add any of these services to your package:**

**Must order in advance - Complete & return the form on page 2**

15 Minute Chair Massage.....	\$30
1/2 Hr. Full Body Swedish Table Massage ...	\$55
1 Hour Full Body Swedish Table Massage .	\$100
Facial .....	\$55
Reflexology Foot Massage .....	\$55
Manissage .....	\$30
with Polish Change .....	\$40
Eyelash Tipping (extensions).....	\$50
Mini-Makeup Application .....	\$30
Spa ReTREATment Relaxation Service .....	\$30
Hair (Blow out) .....	\$20

*\*10% of the proceeds on these services will be donated to I Believe in HFA*

**Includes for each guest:**

- The Complete SPArty Setup
- Brand new SPArties robes & slippers to keep
- Goody bag filled with spa products
- Relaxing hand massage with hot paraffin dip
- Light refreshments

**\$50 per person**

**Proceeds go to I Believe in HFA**

*Services Will Be Provided By:*



***"You Bring the Friends, We'll Bring You the Spa!"***

**www.sparties.com • 954-421-6655**

*Founded, Owned and Operated by Alum,  
 Janet Rotella, HFA Class of 1987*

Please complete and fax this form by **1/05/09** to SPARTies Mobile Spa, Attn: Janet Rotella at **(201) 603-9910**:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of packages you are purchasing: \_\_\_\_\_ @ \$50 each, Total \$: \_\_\_\_\_

### Guest Information

**Please complete for each guest getting optional services. Please copy and use additional sheets if needed.**

Guest #1 Name: \_\_\_\_\_

Optional Additional services: (circle all services that you wish to order for this guest)

15 Minute Chair Massage .....	\$30
1/2 Hr. Full Body Swedish Table Massage .....	\$55
1 Hour Full Body Swedish Table Massage .....	\$100
Facial .....	\$55
Reflexology Foot Massage .....	\$55
Manissage .....	\$30
with Polish Change .....	\$40
Eyelash Tipping (extensions) .....	\$50
Mini-Makeup Application .....	\$30
Spa ReTREATment Relaxation Service .....	\$30
Hair (Blow out) .....	\$20
<b>Total in optional services = \$ _____</b>	
<b>Plus \$50 admittance</b>	
<b>Total for this guest = \$ _____</b>	

Guest #2 Name: \_\_\_\_\_

Optional Additional services: (circle all services that you wish to order for this guest)

15 Minute Chair Massage .....	\$30
1/2 Hr. Full Body Swedish Table Massage .....	\$55
1 Hour Full Body Swedish Table Massage .....	\$100
Facial .....	\$55
Reflexology Foot Massage .....	\$55
Manissage .....	\$30
with Polish Change .....	\$40
Eyelash Tipping (extensions) .....	\$50
Mini-Makeup Application .....	\$30
Spa ReTREATment Relaxation Service .....	\$30
Hair (Blow out) .....	\$20
<b>Total in optional services = \$ _____</b>	
<b>Plus \$50 admittance</b>	
<b>Total for this guest = \$ _____</b>	

### Payment Information:

**Tickets and services are non-refundable, regardless of no-shows or cancellations. They are transferrable.**

Credit Card (circle one): AMEX VISA MC Discover

CC#: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_