

# Whiffs on Wheels

## Candle Making Party Reservation and Booking Agreement

Please print, sign, and email to [wecare@whiffsonwheels.com](mailto:wecare@whiffsonwheels.com)

### ABOUT YOUR CANDLE PARTY!

Our in-home candle-making parties last 2 hours, you and your guest are welcome to and encouraged to sip on your favorite beverages while enjoying your candle making class (BYOB). Your candles will take roughly 45 minutes to 1 hour to solidify. While your candles are solidifying, we highly recommend providing your guest with refreshments/lite bites to enjoy. Games and prizes will be provided as we wait for your candles to fully solidify.

### PARTY INCLUDES:

2 hours of Candle Making  
Candle Making Supplies, including Soy Wax, 8 oz Glass Vessel, Cotton Wicks, + Fragrance Oil Bar, Candle Topping Bar (variety of natural fragrances, dried flowers & herbs)  
Professional Candle Making Instructor  
Personalized Candle Making Workshop Certificate  
Giveaways  
Prizes  
Games

### PARTY DOES NOT INCLUDE:

Tables  
Chairs  
Food items  
Beverages

### BOOKING AGREEMENT

Please book at least 30 days in advance, if possible.

**\*All parties must be booked within two weeks (14 days) of the requested party date. \***

**IF OUT OF 10 MILE RADIUS OF 92336 ZIP CODE, there must be a minimum of 10 participants in party.**

We require a 10-person minimum for all out of radius bookings. Upon the return of your signed Candle Making Party Booking Agreement, you will receive an email link to pay your invoice.

**Your invoice must be paid in full within 14 days (2 weeks) of your scheduled party date**

If the requested party date is less than 14 days, full payment must be made at the time of booking.

### ADDING ADDITIONAL GUEST

**Your final guest count must be given on the day of payment. The adding of additional guest, after payment has been made, is at the discretion of Whiffs on Wheels.**

If additional guest are permitted by Whiffs on Wheels, any outstanding payments due must be paid immediately – No exceptions.

### REFUNDS:

**All paid invoices are non-refundable and non-transferable to other people.**

We understand that emergencies happen, if you need to **Reschedule** your party, please contact us immediately, and we will move your party to a different day and time.

**Please initial on each blank field on page 2 of 2**

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Please print, sign, and email to [wecare@whiffsonwheels.com](mailto:wecare@whiffsonwheels.com)

A.- I understand and agree to all mentioned: Booking Agreement, Adding of Additional Guest, and Refund terms listed in the shaded box on page 1 of 2 \_\_\_\_\_

B.- I understand that my invoice **must be paid in full**, prior to the request of any event insurance needed from Whiffs on Wheels \_\_\_\_\_

C.- I understand that my paid invoice is non-refundable, however I can **reschedule** my candle-making date if needed. \_\_\_\_\_

D.- I understand that I must be 18 years of age or older to book my party and pay my invoice \_\_\_\_\_

E.- I understand Whiffs on Wheels does not take responsibility for the mishandling of hot wax that may result in injuries on any level. \_\_\_\_\_

F.- I acknowledge and give rights for Whiffs on Wheels' usage of any photos taken during the event. Event photography is used for promotional, digital, print, and social media marketing. \_\_\_\_\_

G.- I understand that I must advise guests to **arrive on time** as we will abide by the preset 2-hour booked schedule. \_\_\_\_\_

H.- I understand that non-participating children under the age of 10 present a safety hazard and are NOT PERMITTED in the candle-making room due to the extreme temperature of the hot wax we will be working with. \_\_\_\_\_

I.- I understand that I am responsible for providing Whiffs on Wheels with a **working electrical outlet** for candle burner usage \_\_\_\_\_

J.- I understand that my guest will be given Consent and Release of Liability forms, that must be signed, prior to the start of the candle making party. \_\_\_\_\_

Name of Party Host \_\_\_\_\_

Party's Address \_\_\_\_\_

City \_\_\_\_\_

Host's Cell/Text Phone Number \_\_\_\_\_

What date would you like to host your party? **Please Note: Sundays are not available** \_\_\_\_\_

What 2-hour time block would you like to host your party? \_\_\_\_\_

How many participants are in your party? \_\_\_\_\_ (Exact number of guests must be given on date of payment)

What special event are we celebrating? \_\_\_\_\_

How did you hear about our candle-making parties? \_\_\_\_\_

\_\_\_\_\_  
Party Host's Name, please **PRINT**

\_\_\_\_\_  
Party Host's Name, please **SIGN**

Date \_\_\_\_\_