



Aesthetics Skin Deep Spa

908-788-1119 x 3501

Opens February 18th

Hunterdon County Vocational School District
Adult & Continuing Education
8 Bartles Corner Road, Ste 201
Flemington, NJ 08822
Mondays 12pm - 8pm
Tuesdays 12pm - 2:30pm

FACIALS AND PEELES

- Acne Facial \$40
- Age Defying Radiance \$50
- Retexturizing Peel \$40
- Signature Balance \$38
- Sinus Relief Pressure Point Facial \$40

BODY INDULGENCES

- Back Facial \$45
- Acne Back Facial \$50
- Tired Legs & Feet Treatment \$37
- Total Body Exfoliation \$50
- Spray Tan \$55

WAXING SERVICES FOR WOMEN

- Lip \$ 8
- Chin \$ 6
- Eye Brow \$10
- Face (sides) \$10
- Arms (half) \$15
- Arms (full) \$35
- Under Arms \$15
- Legs (half) \$25
- Legs (full) \$40
- Stomach Line \$10
- Bikini \$18
- Modified Bikini \$30
- Make-up Application \$35
- Make-up Lesson \$50

WAXING SERVICES FOR MEN

- Shoulder \$20
- Back \$40

ADD-ON OPTIONS for all Services

- Paraffin Hand Treatment \$12
- Radiant Eye Treatment \$15
- Facials with rotary brush modality \$ 8
- Facials with aerator tone \$ 8
- Microderm Peel \$15
- Mandelic Acid Serum \$11
- Collagen Ampoule \$11
- Warm Towel Foot De-stress \$15

PACKAGES

- Age Defying Package of 6 \$290
(2 a month for 3 months)
- Signature Facial Package of 6 \$220
(2 a month for 3 months)
- Series of 6 Retexturizing Peels \$200
- Series of 6 Back Facials \$250
- Series of 6 Spray Tans \$310

DOUBLE YOUR PLEASURE*

- Signature with Back Facial \$65
- Age Defying with Back Facial \$85
- Total Body Exfoliation with Spray Tan \$110

*All Double Your Pleasure services must be received during one spa appointment.

I understand that HCVSD is a school which instructs students who wish to become aestheticians. I understand the aestheticians in this school who will perform treatments on me are students, and not licensed professionals. Because of the student inexperience, I hereby understand and agree to release and hold harmless HCVSD, its employees, students, and instructors from any and all liability for injury or damage to me and from the loss of any personal property of mine when on HCVSD premise. I have read and fully understand that it is a release of liability and I sign this of my free will.

Client Signature

Client Name (Print)

Date

Signature of Guardian (if client is under 18 years of age): _____