

Group Event Form

Please Print

Name _____ No. in party _____
Address _____ Time requested _____
_____ Date of Appt. _____
Phone# () _____ Work # () _____ Fax # _____
Contact Person _____ Phone# _____

** Parties of six or more will require a credit card on hold or a 50% cash deposit.
Please give us a 72 hour notice when canceling appointments to avoid being charged
for missed appointments.

Please print the names of the group party and circle the services needed

1. _____
Facial Massage Elem Manicure Elem Pedicure Body Polish
Other _____

2. _____ Phone# _____
Facial Massage Elem Manicure Elem Pedicure Body Polish
Other _____

3. _____ Phone # _____
Facial Massage Elem Manicure Elem Pedicure Body Polish
Other _____

4. _____ Phone # _____
Facial Massage Elem Manicure Elem Pedicure Body Polish
Other _____

5. _____ Phone # _____
Facial Massage Elem Manicure Elem Pedicure Body Polish
Other _____

6. _____ Phone # _____
Facial Massage Elem Manicure Elem Pedicure Body Polish
Other _____

7. _____ Phone # _____
Facial Massage Elem Manicure Elem Pedicure Body Polish
Other _____

8. _____ Phone # _____
Facial Massage Elem Manicure Elem Pedicure Body Polish
Other _____

9. _____ Phone # _____
Facial Massage Elem Manicure Elem Pedicure Body Polish
Other _____

10. _____ Phone # _____
Facial Massage Elem Manicure Elem Pedicure Body Polish
Other _____

11. _____ Phone # _____
Facial Massage Elem Manicure Elem Pedicure Body Polish
Other _____

12. _____ Phone # _____
Facial Massage Elem Manicure Elem Pedicure Body Polish
Other _____

Name _____

Credit Card _____ # _____

Exp. Date _____

Deposit Amount _____

Please sign _____