|  |  |
| --- | --- |
| PARTY REQUEST FORM | |
| **Contact Name** |  |
| **Contact Phone Number** |  |
| **Contact Email** |  |
| **Party Date and time preferred** |  |
| **Number of Guests Attending** | Estimate or range: |
| **Type of Services & #:**  Please note that this is only a **guesstimate**. We understand that it is hard to know the final numbers and the exact services. However, we ask that you provide as much detail as you can especially if it is a single service (mani OR pedi) or a double service (mani AND pedi). This will help us better plan for the minimum staff needed and time. | |  |  | | --- | --- | | **Type of Service** | **# of guest with Service** | | manicure only  if so,  regular polish  shellac/ gel polish |  | | pedicure only  if so,  classic  spa  herbal  sports |  | | mani & pedi combo |  | | Nail Extension:  if so:  acrylic or  gel liquid |  | |

|  |
| --- |
| FOR OFFICE USE ONLY:  Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Booking Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirm date by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |