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| 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. |

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| **Type of Service** | **# of guest with Service** |
| [ ]  manicure onlyif so, [ ]  regular polish  [ ]  shellac/ gel polish |       |
| [ ]  pedicure onlyif so, [ ]  classic [ ]  spa [ ]  herbal [ ]  sports |       |
| [ ]  mani & pedi combo |       |
| [ ]  Nail Extension:if so: [ ]  acrylic or [ ]  gel liquid |       |

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| FOR OFFICE USE ONLY:Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Booking Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Confirm date by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |