

	Carl Street Polk Street Santana Row	☐ Mill Valley ☐ Stanford Shopping Center	MANI/PEDI PARTY RESERVATION		
	Lafayette Check Box for location:		www.lavandenailspa.com		
				_	
	Name:				
	Home/Cell Phone:				
	Email Address:				
	Credit Card:				
	CVV/ Exp. Date:				
	Billing Address/ Zip Code	:			
	Scheduled Date & Time:				
	Guest Names (First	& Last):	Service(s):	_	
	1			_	
	2 3			_	
	4			_	
	5			_	
	6			_	
	7			_	
	8				
	9				
	10				
	11				
	12				
	13				
Additio	onal notes:				
appointme * No Show	ents otherwise you are subjected to Policy: We will charge full price for	a 50% service charge for all services missed or or the missed services if any or all of the party	nange in the number or type of services must be done 72 hou or cancelled. 7 members do not show up for their appointments. 8 sidered a no show and be subjected to the No Show policy fo		
can be app There will	lied towards the service(s).	lease give yourself and party 15 minutes to p	posit will be charged at the time of booking. This \$100 deposes ark and arrive on time for you appointments: parking in son		
By signing listed abov	-	e agreeing with our policies and agreeing to	pay any subjected charge if a policy is broken according to t	he schedules services	
	Guest Signature: Date:				
Please fax completed form to 415-840-0418. Once received, we will call you for confirmation.					