



Tel No. 01793 693837 or 07771 884315

Booking Form

Birthday Girl: _____ Age: _____

Parent's Name _____

Address: _____

Tel: _____ Mobile: _____

Party Address (if different from above): _____

Date of Party: _____ Treatments Start Time: _____

Treatments requested:

Do any of the guests have any sensitivities / skin disorders / scalp problems?

Comments: _____

Total No. Of Guests: _____ Age Range: _____

Total amount due = £ _____

I enclose a cheque made payable to 'Pippa Read' for
50%* of the total amount £ _____ as a non-refundable deposit

*Balance to be paid no later than 14 days before party date

Tick

I enclose a cheque made payable to 'Pippa Read' covering
the total amount due £ _____

Signed: _____ Dated: _____

Please return this completed form together with the appropriate cheque and guests details to: Pippa Read, Chic Beauty Therapy, 14 Popplechurch drive, Covington, Swindon, SN3 5DE.
Email pippa@chicbeautytherapy.co.uk