

Party Request:

Name:		
Occasion:		
Number of Beauty'	s: Age Range:	Service Date: Time:
Package or Party T	ype:	
Special Notes:		
Travel Time:	Travel Miles:	
Travel Fees:	Total Charges:	
Deposit: \$	Balance: \$	
below you agree a document, and by	Il information is accurate signing you are respons	. Please be aware that this is a legable for paying the balance amou
Owner of Leia' Lov	e Salon:	Date:
Customer Signatur	·e:	Date: