Body Scrub Treatment Booking Sheet

| Client Name | |
|----------------------------|---|
| | |
| | |
| Phone Number | |
| | |
| | |
| Date | |
| | |
| | |
| Time | _ |
| | |
| | |
| Body Scrub Type | |
| Body Scrab Type | |
| | • |
| Duration | |
| | • |
| Therapist Name | |
| | |
| | |
| Special Requests / Notes | |
| Openial requests / reduces | |
| | |
| | |
| | |
| | |