

Little Soles



Today's Date _____

Party / Package _____

Party Date _____ Party Time _____

Responsible Party Name _____

Phone Number (_____) _____

Email _____

Child's Name _____

Age Group _____ Number of Children Attending _____

Invitations _____ Cupcakes _____

Other Information _____

CREDIT CARD AUTHORIZATION FORM

COMPANY/GUEST _____

NAME ON CARD _____

BILLING ADDRESS _____

CARD TYPE _____ CARD NUMBER _____ EXP. DATE _____ CVV2 _____

By signing below, I, the signatory, agree to allow Sole'renity Spa to bill my credit card in accordance to the retail and services rendered.

_____ **TOTAL CHG.**

SIGNED _____

PRINTED NAME _____

DATE _____