

Ipswich Mobile Nail Technician

Name of Parent:		Date: / /
Address (Street):		Age:
City/Town:	County:	Postcode:
Home: ()	Mobile:	Email:
How would you prefer I contact you? #1		#2

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Name of Birthday Person:	
Birthday Persons Age:	Participants Birthday: / /
Number of Children Attending (including the birthday person):	
Party address if different to above:	
Date of Party:	
Party Starts At: pm	and will finish at pm
PARENTAL CONSENT: (i) I have read the information provided and agree to my son/daughter taking part in the activities. (ii) I acknowledge the need for him/her to behave responsibly at all times. (iii) At my (the parents) consent I am happy for my child to have nail enhancements or treatments. (v) I have read and understand all terms and conditions. (vi) I understand that the staff responsible for the activities will take all reasonable care of participants.	
Parents Signature:	Tech Signature:
Please Print Name:	Lorane Tilbrook - Tip Top Nails

Children's Nail Party
Tip Top Nails – Mobile Nail Technician
1 Brick Cottage
Harkstead Road
Holbrook, IP9 2RG

Data Protection Act. All information will be held in complete confidence. Tip Top Nails will not divulge your info to any other parties. The information being collected on this form will only be used for the purpose of parental consent and booking for Children's Nail Parties for the application of a range of nail enhancements and or any administration in accordance with guidelines. The data will not be disclosed to any external sources other than in an emergency, or to the local authority, without your written consent. Fingers will not be held accountable for injury or accidents to, or caused by, unsupervised children.

Thank you for your custom.