

Shimmer Spa

Pleased to meet you!

Name: _____ Phone number _____

Birth date (MM/DD): _____ Email for loyalty program: _____

Send me reservation reminders as: text email I was referred by: _____

Address (optional): _____

_____ (initial) I understand that Shimmer Spa uses a medical grade autoclave to sterilize all nail implements.

_____ (initial) I understand that Shimmer Spa is not liable for any infection/injury that occurs during or after my nail reservation for today or in the future, and aftercare is my responsibility.

Guest or parent/guardian signature: _____ date: _____

Earn 200 loyalty points for reserving your next appointment today!