

WALK-IN SIGN-IN

Date _____

First name, your tech (or "any"), and your service.

#	FIRST NAME	TIME IN	TECH	SERVICE	DONE
1				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
2				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
3				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
4				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
5				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
6				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
7				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
8				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
9				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
10				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
11				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
12				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
13				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
14				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
15				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
16				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
17				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
18				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
19				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
20				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
21				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐
22				☐ Mani ☐ Pedi ☐ Gel ☐ Acrylic ☐ Dip	☐