



Group Coordinator's Name: _____
 Function Date: _____
 Timing - group to start after: _____
 Timing - group to be done by: _____

Keep track of all the individuals in your group with the grid below.

1. Place the individuals first and last name in the table below.
2. Write down the name of the service that they are interested in receiving within the column category.

	Guest Name	Hair	Make-Up	Mani	Pedi	Facial	Body	Massage
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								