

Tranquility In Motion

7988 W Marigold Street
Suite 115
Garden City, ID 83714
(208) 960-0750

I, _____, have been informed of the cancellation policy and of the no call/no show policy. I understand that I must supply a credit card number to be placed in my file (please print).

Name on Card _____

Card Number _____

Expiration Date _____

Zip code _____

CVV (3 digit code on back of card) _____

This card will only be charged if I no call/no show. I understand that just not showing up for my appointment means that I will be charged for the full price of the session booked or I will have the time deducted from my prepaid massage package.

Client Signature & Date

Therapist Signature & Date