

Grace Labyrinth, LLC
Angel Party Intake Form

First Name _____ Last Name _____

Phone _____ Email _____

Address _____ City, State, Zip _____

Is the above address the location of the Angel Party? Yes___ No___

If no, please list location of the Angel Party (Address, City, State, Zip).

Is the Angel Party location greater than 30 miles one way from Grace Labyrinth Wellness Center, 16515 S. 40th St., Suite 125, Phoenix, AZ, 85048? If yes, please ensure that you clicked on "Travel Fee" to include this payment when scheduling your party. Yes___ No___

Emergency Contact _____

Emergency Contact Phone Number _____

How did you hear about Grace Labyrinth Wellness Center?

___Family/friend/colleague ___Web search ___Healthcare Professional Other _____

If referred, by whom? _____

Number of Angel Party guests (does not include host) 8__ 9__ 10__ 11__ 12__

Do you have a separate area where the private Angel Card Readings can take place? Yes___ No___

If yes, please describe the separate area where the private Angel Card Readings will occur.

If no, please describe how the Angel Party location will be set up to accommodate private Angel Card Readings. _____

Have you ever had an Angel Card Reading/Angel Reading before? Yes___ No___

If you feel comfortable, please share your Angel Card Reading/Angel Reading experience.

Please sign below to certify that the information you provided above is true and accurate.

Client Signature

Date