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|  |  | **TIME** | **NAME** | **PHONE** | **THERAPIST** |  |  |
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|  |  | **Please print your name and your phone number on the lines provided for the time you wish to receive your chair massage. If you have your favorite therapist, write down his/her name.** |  |  |
|  |  | **If you need to cancel your appointment, please give us a call (123) 456 000 XXXX** |  |  |
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