

# Carol Kennedy Massage Therapy

## ***Cancellation policy***

*If you are not able to keep your scheduled appointment, please call the office at your earliest opportunity in order to make that appointment time available to another individual.*

*Cancellations with less than 24-hour notice and no-shows will be charged the full fee for services missed.*

*I, \_\_\_\_\_, have read and understand the above policy.*

*I agree to schedule appointments in good faith and to pay described fees at the time services are rendered.*

*Signed \_\_\_\_\_*

*Date \_\_\_\_\_*

