

**Labor Doula Care Reservation Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Estimated Due Date: \_\_\_\_\_

**Doula Care \$750.00**

Please return form with \$200.00 (non-refundable) deposit. Deposit is applied to total cost of Doula care. Balance due on prenatal home visit. (\$50.00 added for North Miami & Broward County locations). ***There is a \$100.00 additional one time charge after the first (24) hour period.***

Name on Card: \_\_\_\_\_

MC/Visa/Amex Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_

Amount: \_\_\_\_\_

Deposit: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Signature: \_\_\_\_\_

*Check or Money Order to:*

Debra Geymayr  
P.O. Box 143663  
Miami , FL 33114

***For further registration information please contact Debra at 305-279-1322***