

Labor Doula Care Reservation Form

Name: _____

Address: _____

Home Phone: _____

E-mail: _____

Estimated Due Date: _____

Doula Care \$750.00

Please return form with \$100.00 (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

