Satin Hands Challenge Tracking Sheet

Consultants Name:_____

Sheet must be turned in by:_____

Name	Phone Number	Before Satin hands my hands looked & felt like:	After Satin Hands my hands look & feel like:	I am interested in a Facial / Makeover with my friends/ family or alone?	I would love for you to share Satin Hands with my friends/ family. Yes Or No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No
				Friends-Family / Alone	Yes No