

satin Hands Challenge Tracking Sheet

CONSULTANTS NAME:
SHEET MUST BE TURNED IN BY:

Name	Phone #	Before Satin hands & lips my hands/lips looked & felt like:	After Satin hands & lips myands/lips feel like:	I am interested in a facial/makeover with family/friends or alone.	I would love for you to share Satin hands & lips with my family/friends. 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
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				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