

First & Last Name: _____
(All personal information will be kept private and be used for salon purposes and will not be shared.
Please complete in full before we begin your services today.)

CONTACT INFORMATION

Mailing address: _____
Cell Phone:(____) _____
Email: _____

PERSONAL INFORMATION

How were you referred to me?

What Hair Care Products are you currently using?

Birth Day/Month: ____ / ____

HEALTH INFORMATION

Have you ever had an allergic reaction to any color services or products?
Yes / No - If yes, please explain:

(Stylists Name)
(Stylists Salon Address)

Thank you so much for taking the time to complete your new guest profile! This will help guarantee the best possible service for you today and for all future appointments! I will keep your profile on file and will reach out to you should any promotions, news, or changes arise. If you have any challenges with your hair color or cut, please let me know within one week of receiving your services from me and I will do my best to correct any issues within that time frame.

I require a credit card on file for all clients, and ALL appointments made. This ensures a respected time frame for cancellations in my schedule, giving me the time to offer the appointment to another guest on my waiting list.

- You can change any appointments up to 48hrs prior to your scheduled time, and no fees or charges will be made.**
- Any time after 48hrs there will be a cancellation/rebooking fee of 50-100% of the full service price of the booked appointment.**
- Those who don't call to reschedule/cancel and don't show up to the appointment will be charged 100% of the base price for the service(s) scheduled, and will be subject to removal from my schedule.**

The cancellation policy will be enforced, and is a way for me to create a stress free schedule for ALL of my guests. Thank you for understanding.

Please sign below that you have read the statement and understand policies in place:
Signature: _____ Date: ____/____/____