

Hair and Make-up

Option # ____

Name: _____

Address: _____

Email: _____

Contact Person: _____

- | | |
|----------------------------------|-------------|
| <input type="checkbox"/> Hair | Cost: _____ |
| <input type="checkbox"/> Make-Up | Cost: _____ |
| <input type="checkbox"/> Nails | Cost: _____ |
| <input type="checkbox"/> Other | Cost: _____ |

Notes: _____

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- | | |
|----------------------------------|-------------|
| <input type="checkbox"/> Hair | Cost: _____ |
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| <input type="checkbox"/> Nails | Cost: _____ |
| <input type="checkbox"/> Other | Cost: _____ |

Notes: _____

Checklist:

Date and Time of Appointment: _____

- Massage _____
- Facial _____
- Hair Colour _____
- Hairstyle Trial W/Headpiece _____
- Make-Up Consultation _____
- Waxing _____
- Pedicure _____
- Manicure _____
- Make-Up (Day of) _____
- Hair (Day of) _____

Notes: _____