

Client Information Card

Whether you have visited our salon before or if this is your first experience ... the whole team would like to welcome you! In our constant effort to provide you with the very best service possible we ask you to assist us by providing the following information.

All information will be kept strictly confidential.

Name _____

Address _____

City _____

State _____

ZIP _____

Work Phone: _____ Home Phone: _____

Cell: _____

Email Address: _____

Birthday: Day _____ Month _____

Please select which age group you belong to:

0-15 16-25 26-35 36-45 46-55 56+

How did you hear about our salon? (Please tick)

Walking Past Website Promotion Friend or Relative

Internet Facebook Yelp Other _____

If a friend or relative referred you to the salon would you please provide us with their name?

Would you like to receive salon gifts and other promotions?

Yes No