



Studio 244 on 5th

"Be Prepared to Be Pampered"

Client Information Sheet

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph. _____ Cell Ph. _____

Would you like to receive appointment reminders by **Text** **Email**

Email: _____ Birthday _____
(Please print clearly. We only occasionally send news and specials)

Known allergies: _____ Occupation: _____

Personal hair care products used (shampoo, sprays, gel, etc.) _____

When was your last service done?

Please list what you had done and the date (or how long ago)

Hair: _____ Date: _____

Nails: _____ Date: _____

Facial: _____ Date: _____

Waxing: _____ Date: _____

How did you hear about us? _____

Customer remarks: _____

In consideration of services to be rendered to me, I hereby assume all risk of any nature upon the use of materials and performance of said services now and at any time in future, and release **Studio 244 on 5th** and the **Salon Associate** performing service jointly and severally from all liability therefore.

Client Signature _____ Date _____

We appreciate your business!