



# 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 5<sup>th</sup>** and the **Salon Associate** performing service jointly and severally from all liability therefore.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

We appreciate your business!