



PERMISSION FORM

PROVIDE HAIR SERVICES TO: _____
Mr. or Mrs. (name and room number)

SERVICES REQUESTED: Does the client needs portering: Yes ____ (√) No ____ (√)

HAIRSTYLING: Weekly ____ (√) Monthly ____ (√)
Every 2 weeks ____ (√) For special events ____ (√)

HAIRCUT (ONLY): Every 6 weeks ____ (√) *Haircut or other*
HAIRCUT & HAIRSTYLING: Every 6 weeks ____ (√) *requirements:* _____

COLOUR: Every ____ month(s) _____

PERM: Every ____ month(s) _____

TRIM: BEARD: Every ____ week(s) MOUSTACHE: Every ____ week(s)

TIP: (NO OBLIGATION) Yes ____ (√) No ____ (√) Amount: \$ _____ %: _____

PAYMENT TERMS:

I will use my **online banking system** or I will send a **cheque** by mail each month upon receipt of the invoice ____ (√)

NAME: _____
(person in charge)

ADDRESS: _____ APT: _____

TOWN: _____ POSTAL CODE: _____

TELEPHONE: home: _____ other: _____

EMAIL: _____

(your signature) date: _____

UPON COMPLETION, PLEASE GIVE THIS FORM TO THE HAIRSTYLIST OR TO THE FRONT DESK

or

fax: 1-866-688-3553

or

mail to: 6226 Monk Blvd, Montreal, Qc H4E 3H7

or

email: info@foreveryoungchc.com

If there are any changes, please contact the Accounting Department at 1-800-448-3553.