

Pasanation Form for Party (Places amail form to hair@hlorothair.com of lacet 8 weaks in advance to halo insure availability) If you are required in multiple service dates for the same client places complete a line for each service dates for the same client places complete a line for each service dates for the same client places complete a line for each service dates for the same client places.

Client Name	Email Address	Cell Phone	Date of Service*	Time of Day for Service	Services Requested	Time to Complete Service (internal use)	Service Providers Name (internal use)	Specific Requests for Stylist/Artist	Price (internal use)

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