



Hair Stylist.....

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Name: _____

Notes: _____

Salon: _____

Phone: _____

Address: _____

Hours: _____

WWW: _____

Email: _____

Trial Appointment Date & Time: _____

Trial Fee: _____

INSERT PHOTOS from hair trial – front, back and side view

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Wedding Day Appointment

Location: _____

Notes: _____

Date & Time: _____

Estimated number of hours: _____

Services included: _____

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Total Cost of Service (including tip): _____

Overtime Rate: _____
