

VENETIAN GARDENS HAIR SALON

SERVICE REQUEST FORM

ASHLEY WARNER

Awarner1213@gmail.com

Please circle the services requested below and place request in the mailbox outside of salon. Charges may be deducted from his or hers resident fund account or must be paid on the day of services rendered.

Resident _____ Room # _____

Resident Signature _____ Date _____

POA / Gaurdian Signature _____

PLEASE DO NOT TIP – PRICES HAVE BEEN ADJUSTED TO COMPENSATE GRATUITY

Haircut	\$25	Color, Shampoo, Set	\$40
Clipper Cut	\$20	Shampoo, Cut, Highlight	\$50
Color, Shampoo, Cut, Blow Dry	\$40	Color, Shampoo, Cut, Set	\$45
Scalp Treatment & Blow Dry	\$15	Curling Iron & Comb Set	\$20
Beard, Brows, Ears, Nose Trim	\$ 5	Shampoo, Cut & Set	\$25
Shampoo, Cut & Blow Dry	\$25		

Special Instructions or comments:

Resident Fund _____ Personal Check _____ Cash _____