



NEW CLIENT FORM

Name _____

Address _____

City/State/Zip _____

Please check the box next to the phone number to best reach you at.

Home _____ Work _____ Ext _____

Cell _____ May we contact you via Text Message? Yes No

E-mail : _____

Birthday: _____ / _____ / _____

How did you learn about Peter Conte? *CHECK ALL BOXES THAT APPLY*

Friend/Client _____

Yellow Book

Yellow Pages

Advertising

Internet

Walk-in/passed-by



****Please be advised that we offer a protective cape to change into before chemical processes. If you refuse to remove your garment and change into the provided cape, please understand that we are not responsible for any damages to your clothing during these services.****

By signing below you are consenting that you have read and fully understood the paragraph above.

Signature

Date

All of our stylists and technicians are individuals with varying techniques & creativity. If you feel your first visit does not meet your expectations, perhaps one of our other professionals could better suit your style and taste.

Thank You!

To be completed by salon employee:

Date:

Designer(s):

Service(s):