



Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone Number (Home) _____ (Work) _____

(Cell) _____ Date of Birth _____

Would you like to receive appointment reminders by: Text E-mail

How did you hear about us?

If you were referred, by who?

Deposit / Cancellation Policy

Here at Salon DSK we strive to make sure that each client leaves satisfied! In order to do so we must make sure to book enough time for each desired appointment.

A valid credit card number is **required** to hold **ALL hair color and/or spa appointments**

If you are booking an appointment for a keratin treatment and or eye lash extensions, a deposit that will be credited towards your service, is required to secure your appointment.

Cancellations less than 24 hour notice will result in a 50% service charge. "NO SHOWS" will be charged 100% of the reserved service amount.

By signing this form you are agreeing to our retainer requirements & to our cancellation policy.

Thank you, Your Salon DSK family.

Have a FABULOUS hair day!

Client Signature: _____ Date: _____