



# **Jenny Lynn Salon LLC**

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## **Salon Authorization Form**

**NAME OF SENIOR LIVING FACILITY:** \_\_\_\_\_

I \_\_\_\_\_, authorize the following salon services  
 (RESPONSIBLE PARTY)  
 to be provided to \_\_\_\_\_ starting on \_\_\_\_\_.  
 (RESIDENTS NAME) (DATE)

<b>HAIR SERVICES</b>	<b>HOW OFTEN?</b>			
	<b>WEEKLY</b>	<b>2 WEEKS</b>	<b>4 WEEKS</b>	<b>6 WEEKS</b>
SHAMPOO/QUICK BLOW-DRY	_____	_____	_____	_____
SHAMPOO AND BLOW-DRY STYLE	_____	_____	_____	_____
SHAMPOO AND SET	_____	_____	_____	_____
SHAMPOO, HAIRCUT AND STYLE/SET	_____	_____	_____	_____
HAIRCUT ONLY	_____	_____	_____	_____
SHAMPOO AND HAIRCUT	_____	_____	_____	_____
BEARD/MUSTACHE TRIM	_____	_____	_____	_____
HAIR COLOR	_____	_____	_____	_____
HIGHLIGHTS (FOIL OR CAP)	_____	_____	_____	_____
PERM	_____	_____	_____	_____

<b>NAILSERVICES</b>	<b>HOW OFTEN?</b>			
	<b>WEEKLY</b>	<b>2 WEEKS</b>	<b>4 WEEKS</b>	<b>6 WEEKS</b>
FINGER NAIL CUT AND FILE	_____	_____	_____	_____
TOE NAIL CUT AND FILE	_____	_____	_____	_____
POLISH CHANGE	_____	_____	_____	_____
MANICURE	_____	_____	_____	_____
PEDICURE	_____	_____	_____	_____

Signature of Responsible Party \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_