

SOUTHERN LASER SALON
Client Registration

Client: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel#: _____ Marital Status: S M W D

Emergency Contact: _____ Tel#: _____

Relationship: _____ Referred By: _____

How did you hear about us?

- www.laserhairremoval.com _____
- www.southernlasersalon.com _____
- yellow pages _____
- newspaper or print add _____

EMPLOYMENT INFORMATION

Employer's Name: _____ Occupation: _____

Address: _____ Tel#: _____

City: _____ State: _____ Zip: _____

I hereby attest that the above information is correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____

Client, Parent, or Guardian