

BOOKING FORM

Your Name: _____

Salon Name: _____

No of Participants: _____

Address: _____

Please indicate your preferred method of payment.

Cash _____ **Cheque** _____ **Credit Card** _____

Type of Credit Card: _____

Name on Credit Card: _____

Credit Card No: _____

Expiry Date of Card: _____

Security CVN No: _____