

**BEAUTY SHOP SERVICES – PLACE SLIP IN SALON MAILBOX LOCATED OUTSIDE OF SALON DOOR**

Resident's Name \_\_\_\_\_ Room # \_\_\_\_\_

Service Requested \_\_\_\_\_ Preferred Appointment Date \_\_\_\_\_

Contact Name & Number (other than resident) – for questions \_\_\_\_\_

Payment Method: \_\_\_\_\_ Resident Fund Account \_\_\_\_\_ Cash \_\_\_\_\_ Check

Payment is required at time of service. Cash & Check payments can be made directly to Barber/Beautician or at the Front Desk.

Please make checks payable to the stylist providing service. Do not write checks payable to Hillview Health Care Center.

Beautician NAME:       Emily Purvis