

Wear 2 Start

Reducing barriers 2 success



733 Johnson St., Suite 216, Victoria, BC V8W 3C7 • 250-472-WEAR (9327) • wear2start.com

HAIR SERVICES AGREEMENT

NAME OF SALON _____

ADDRESS _____

TELEPHONE _____

AUTHORIZED BY (Name/Position) _____

(PLEASE PRINT)

SIGNATURE _____

DATE: (DD/MM/YR) _____

NUMBER OF CUTS/STYLES (# per period of time)* _____

*PLEASE NOTE THAT THERE IS NO MINIMUM AND THAT THE NUMBER OF CUTS PROVIDED CAN BE CHANGED AT ANY TIME.

NOTES: Please let us know of any preferences, for example, No cuts please on the weekends or
Speak to a specific person (please include name) to make all appointments:

Forms can be emailed to programmanager@wear2start.com or dropped off/mailed to:
Wear2Start, 733 Johnson St., Suite 216, VICTORIA, BC V8W 3C7

Thank you for your contribution to Wear2Start.
Your generosity helps us help women in need in our community.