

Date \_\_\_\_\_

**Model Information**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

**Hair Type**

Straight    Slight Wave    Wavy    Loose Curls    Medium Curls    Tight Curls

**Hair Color**

Black    Dark Brown    Light Brown    Red    Dark Blonde    Light Blonde  
                    Grey/Silver                      Other \_\_\_\_\_

**Hair Length**

0-2 inches    2-6 inches    6-9 inches    9 or more inches

**Hair Density**

Sparse    Sparse In Some Areas    Fine    Medium    Thick    Dense

**Hair Texture**

Silky/Soft    Course/Rough    Wirey    Multi-Textured    Not Sure

**Hair Condition**

Healthy    Dry    Oily    Damaged

Is your hair chemically treated? \_\_\_\_\_

**Contact Information**

Address: \_\_\_\_\_

\_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell: \_\_\_\_\_ Email \_\_\_\_\_

**Please List Times Available:**

\_\_\_\_\_

Please list the things you would **not** be willing to do to your hair, but you must be willing to do some change.

(Example: Change your color from blonde to brown, cut your hair short, etc.)