

Tangled Ends Hair Academy Client Service Form

Date _____ Student _____ Ed. _____

ALL Services Provided by Students	
Haircuts	Price
Haircut	\$ 10.00
Bang Trim	\$ 3.00
Beard Trim	\$ 5.00
Hair Styling	Price
Shampoo Only	\$ 5.00
Sham/Blow Out	\$ 10.00
Up Do/Half up	\$ 20.00
Braid (Each)	\$ 7.00
Thermal	\$ 10.00
Color	Starting Price
All Over Color	\$ 45.00
Color Touch Up	\$ 35.00
Color Block	\$ 25.00
Highlights-Top	\$ 35.00
Highlights-Part	\$ 55.00
Highlights-Full	\$ 75.00
Custom Blonding	\$ 85.00
Fashion Color	\$ 45.00
Bleach Out	\$ 55.00
Bleach Retouch	\$ 45.00
All Over Toner	\$ 25.00
Perm	Price
Traditional Perm	\$ 50.00
Spiral Perm	\$ 60.00
Top Perm	\$ 40.00
Keratin Complex	\$ 125.00*

of Services: _____

Discount: _____

Total Service Amount: \$ _____

of Products: _____

Total Product Amount: \$ _____

Grand Total \$ _____

- Card Payment
- Cash Other

Notes:

ALL Services Provided by Students	
Service Add Ons	Price
Color Remover	\$ 15.00*
Extra color or Perm box	\$ 12.00*
Toner	\$ 15.00*
Thermal	\$ 2.00*
Per Foil	\$ 7.00*
Conditioning Treatment	\$ 10.00*
Facial	Price
Standard	\$ 25.00*
Spa	\$ 35.00*
Facial Waxing	Price
Eyebrows	\$ 10.00
Chin	\$ 5.00
Lip	\$ 5.00
Cheeks	\$ 5.00
Full Face	\$ 18.00
Nose	\$ 5.00
Body Waxing	Price
Arms (Half)	\$ 25.00
Arms (Whole)	\$ 30.00
Legs (Half)	\$ 30.00
Under Arm	\$ 15.00
Hands	\$ 10.00
Feet	\$ 10.00
Knuckles (Fingers or Toes)	\$ 5.00

18 and under, please have parental guardian sign.

I am fully aware that Tangled Ends Hair Academy is a school for beauty, hair design, and esthetics, and that the operators in this school are not professionals but are in the process of being trained as skilled operators. For this reason, a reduction in the prices customarily charged is being made for the services offered. Therefore, in consideration of the REDUCTION IN PRICE given in this work, THERE ARE NO REFUNDS OR REDOS, it is also agreed and understood that I will no way hold the above named school, its proprietors, officers or agents, or any of its operators liable or accountable for any injury or damage that may occur to me as a result of work performed on me in this school. I agree to give up my rights to sue the student, the school, or school staff. I have carefully read this agreement and fully understand that it is a release of liability. I sign this release of my own free will.

Client Print _____

Date _____

Client Sign _____

Appt Time _____