



Care Beyond Beauty®

Service Frequency Authorization

Please Print

For family members - this form must be completely filled out before any services that are performed. Return to the salon or email to service@cpgsalon.com. The "Responsible Party" is the person responsible for payment other than the serviced resident. A receipt of charge(s) is emailed or texted at the time of service, and is due upon presentation. If payment is not received within 5 days of our notification, a no payment fee of \$20 will be applied to the account. Make payment easy, set up credit card instructions with us at the salon or online at www.cpgsalon.com > family services> Mindbody®

*Resident Name: _____ has permission to receive the following services at

*Retirement Community Name: _____

*Resident Unit or Room #: _____

Additional form needed for each resident - Please print

(Please check mark)

	Weekly	2 Weeks	4-6 Weeks	6-8 Weeks	3-4 Months
Womens Haircut (Includes Shampoo)	_____	_____	_____	_____	_____
Mens Haircut (Includes Shampoo)	_____	_____	_____	_____	_____
Shampoo only	_____	_____	_____	_____	_____
Shampoo Set/or Curling Iron - Style	_____	_____	_____	_____	_____
Perm and Haircut	_____	_____	_____	_____	_____
Color & Set	_____	_____	_____	_____	_____
Color, Set & Haircut	_____	_____	_____	_____	_____
Manicure	_____	_____	_____	_____	_____
Pedicure	_____	_____	_____	_____	_____
Nail Clipping	_____	_____	_____	_____	_____
Toe Clipping	_____	_____	_____	_____	_____

Gratuuity (Please check mark) 15% _____ 20% _____ *Thank you!*

RESPONSIBLE PARTY (Please Print)

Residents can not charge to her/his room. Charging is for the "Responsible Party" only. If resident is responsible, payment is due at the time of service. CPG Salon Inc., and its employees are not responsible for items left in the salon.

*Name _____ (Relationship) _____

*Authorization Signature: _____ *Date: _____