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Client Information Form Download, fill out and bring to first appointment. OR, arrive 15 minutes early and complete it at the salon.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home/Work Phone: _____

Email Address: _____ Website: _____

Birthday: _____

Would you like to be e-mailed about specials, events, discounts, or last minute openings due to cancellation? Yes No

Referred By:
