



**SALON INFORMATION – PRINT CLEARLY**

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

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Salon Email: \_\_\_\_\_

Where would you like your mail delivered to:

Home

Salon

**TO BE COMPLETED BY APPRENTICE TRAINER – PRINT CLEARLY**

The applicant for an apprentice permit card, whose name appears herein, has enrolled in the indicated program above.

Program Start Date: \_\_\_\_\_  
(mm/dd/yyyy)

Program End Date: \_\_\_\_\_  
(mm/dd/yyyy)

\_\_\_\_\_  
Signature of Trainer

\_\_\_\_\_  
Trainer's Beauty Council Qualification Number

\_\_\_\_\_  
Printed Name of Trainer

**PAYMENT**

Cheque

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiry Date (mm/yy)

Money Order

VISA

\_\_\_\_\_  
Name of Cardholder

MasterCard

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date (mm/dd/yyyy)