

**CHRYSALIS SALON & SPA CONTRACT**  
**1039 Station Drive Suite B8**  
**Oswego, IL. 60543**  
**Phone 630.554.0008 Fax 630.554.9515**

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**Alternate Contact**

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

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

Relation to you: \_\_\_\_\_

Please list by name all appointments needed. Specify who they are in the party, service, and if a specific technician.

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

Date/Time \_\_\_\_\_ Price: \_\_\_\_\_ Services 1. \_\_\_\_\_ 2. \_\_\_\_\_

Technician: \_\_\_\_\_

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

Date/Time \_\_\_\_\_ Price: \_\_\_\_\_ Services: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Technician: \_\_\_\_\_

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

Date/Time \_\_\_\_\_ Price: \_\_\_\_\_ Services: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Technician: \_\_\_\_\_

Name: \_\_\_\_\_  
Date/Time: \_\_\_\_\_ Price: \_\_\_\_\_ Services: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Technician: \_\_\_\_\_

Name: \_\_\_\_\_  
Date/Time: \_\_\_\_\_ Price: \_\_\_\_\_ Services: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Technician: \_\_\_\_\_

Name: \_\_\_\_\_  
Date/Time: \_\_\_\_\_ Price: \_\_\_\_\_ Services: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Technician: \_\_\_\_\_

Name: \_\_\_\_\_  
Date/Time: \_\_\_\_\_ Price: \_\_\_\_\_ Services: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Technician: \_\_\_\_\_

Name: \_\_\_\_\_  
Date/Time: \_\_\_\_\_ Price: \_\_\_\_\_ Services: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Technician: \_\_\_\_\_

**Please sign and return with your deposit. Please do not send cash. You will receive a copy for your records.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ please circle: Visa Mastercard

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Remainder: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Special requests: \_\_\_\_\_