



SALON REGISTRATION FORM

ALL SECTIONS MUST BE COMPLETE AND LEGIBLE SO THAT YOUR SALON CAN BE REGISTERED. IF YOU DO NOT RECEIVE AN EMAIL WITHIN 1 WEEK PLEASE CONTACT VOLUNTEER@SALEHHAIRFOUNDATION.ORG.

Today's Date: _____

Name of Salon: _____

Multiple locations: **NO** **YES** please send ___ decals

Salon Contact Person: _____

Email: _____

Phone: _____

FAX: _____

Address: _____

APT: _____

City, State _____

ZIP: _____

agree to offer a free blunt cut for donations of 10" or more to Saleh Hair Foundation.

agree to send each hair donation and a completed donation form to Saleh Hair Foundation

- Donation forms may be emailed to us for prompt acknowledgment. Hair may be sent later without the form.
- Donors may ship their own hair & donation form if they wish.
- Donors might want to use a service that provides a tracking number for the package.

I agree to send financial contributions to Saleh Hair Foundation promptly with donor information.

I agree to post the Saleh Hair Foundation decal to show that my salon is a participating salon.

I understand that I have permission to use the Saleh Hair Foundation name and logo in advertisements, flyers, and on my salon's official web site as long as my salon continues to participate.

SIGNATURE _____ **DATE** _____

PRINTED NAME _____

TITLE _____

The Saleh Hair Foundation commits to all recipients on a LONG-TERM basis, allowing them to receive custom prostheses every 2 years. Because of these extended promises, our current financial obligation is many multiples of our annual expenses. While the number does not meet the current financial obligation to our women and children, our goal is to fulfill our promise of support.

IF YOU WISH TO SCHEDULE AN EVENT PLEASE COMPLETE AN EVENT REGISTRATION FORM.