

Designer's Denn Hints & Wishes

Date _____

Your Name _____ Street Address _____

Town _____ State _____ Zip _____

Describe the Services/Treatments that you would like:

Should we contact anyone? _____ YES _____ NO

If yes, how should we contact that person? _____ By Mail _____ Telephone _____ Email

If yes, please list their full name _____

Daytime Phone _____

Address _____

Email Address _____

Would you like this for a special occasion?

(complete the desired occasion field(s) below)

Birthday (date) _____

Anniversary (date) _____

Christmas/Hanukkah _____

Other (date) _____

Other (date) _____

FAX FORM TO 814.234.2597

QUESTIONS? PHONE: 814.234.3366



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