



## Client Registration Form

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

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

\_\_\_\_\_ Cell: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Work: \_\_\_\_\_

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

Method of payment: \_\_\_\_\_

I understand that all payments are due at the time services are rendered.

\_\_\_\_\_  
Signature