



Hair extensions training enrolment form

FIRST NAME _____ LAST NAME _____

D.O.B. _____ MOBILE NUMBER _____

EMAIL ADDRESS _____

WEBSITE _____

FACEBOOK PAGE _____ TWITTER _____

BUSINESS /COMPANY/SALON NAME _____

ADDRESS _____

CITY _____ STATE _____

PIN CODE _____ COUNTRY _____

BUSINESS /COMPANY/SALON ADDRESS (IF DIFFERENT) _____

BUSINESS /COMPANY/SALON CONTACT NUMBER _____

JOB TITLE: Owner, Stylist, Manager, Student, Nail Technician, Beauty Therapist, Other

HOW MANY PEOPLE WORK IN THE SALON _____

SERVICES YOUR SALON OFFERS:

Hair Cutting and Styling

Skin Care

Hair Colouring

Spa Services

Nail Services

Other please state:

Beauty Services

Massage Services

NO. OF SALONS/LOCATIONS _____

NUMBER OF YEARS IN THE BUSINESS _____

ANY RETAIL LINES _____

ANY OTHER ACADEMIES ATTENDED _____

WHAT COURSE ARE YOU INTERESTED IN

Track Weaves

Micro rings

Clip ins

WHY YOU WOULD LIKE TO BE KROME CERTIFIED

WHEN WOULD YOU WISH TO ATTEND _____

WHAT WOULD YOU EXPECT FROM KROME TO INCREASE YOUR EXTENSION BUSINESS

HOW DID YOU HEAR ABOUT US

PREFERRED CONTACT: Email, Phone, Both

IF YOU WERE TO RECOMMEND THIS COURSE TO 3 OTHER PEOPLE, WHO WOULD IT BE?

1. Name _____ Email _____
2. Name _____ Email _____
3. Name _____ Email _____