



CLASS REQUEST FORM

Salon Name: _____

Salon Address: _____

Contact Person: _____

Phone Number: _____



TYPE OF CLASS:



- | | | |
|---------------------|--------------------|---------------|
| COLORLY Basic 101 | AQUAR&LY Basic 101 | |
| COLORLY Basic 102 | AQUAR&LY Basic 102 | |
| COLORLY Basic 103 | AQUAR&LY Basic 103 | |
| DEMI'S | GRAY COVERAGE | RADIANTLY RED |
| COLORLY CORRECTIONS | PRODUCT KNOWLEDGE | |

*****GROUP CLASSES MUST HAVE SIGN-IN SHEET ATTACHED TO QUALIFY FOR EDUCATIONAL REBATE*****

Number of Models: _____

Number of Attendees: _____

Product Used: _____

Date of Class: _____

Technicians Signature: _____

Technicians Name (Please Print): _____

DISTRIBUTOR USE ONLY

Tech Fee Paid: _____

Misc Expenses: _____

Product Cost: _____

Facilities: _____

Comments: _____

Distributor Signature