

GC GLOBAL HAIR SERIES

ENROLLMENT FORM

(PLEASE PRINT)

First Name _____ MI _____

Last Name _____

Address _____

City _____ ST _____ Zip _____

Phone 1 _____

Phone 2 _____

Fax _____

Email _____

Sessions (circle) A B C D E F \$ _____

Member: YES NO NEW \$ _____

ID# _____ Subtotal \$ _____

Payment: Date ___/___/___ \$ _____

BALANCE DUE \$ _____

\$100 FEE PER SESSION TO RESCHEDULE

Method of Payment	Total	\$ _____
Cash Visa		
Cash App (\$cglobalsalon)	Paid	\$ _____
Discover MasterCard		
Debit Card PayPal	Balance	\$ _____

Credit Card # _____

EXP DATE _____ CVV # _____

Please submit the completed Enrollment Form and payment to:
GC Global C/O George Cooper P.O. Box 14313 Augusta, GA 30919