



Capelli
INSTITUTE OF HAIR

200 East State Road
Pleasant Grove, UT 84062
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www.capellihair.com

BEAUTY CAMP 2011 STUDENT APPLICATION

This application must include the \$75 non-refundable application fee.

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Daytime Phone: _____ Email: _____

Age: _____ Gender: Male Female

Select Camp Date you want to attend:

July 12th thru 15th August 2rd thru 5th (*Daily Camp Times: 9:30 am to 12:00 pm*)

I would like to pay the application fee only at this time: Yes No

Payment Method: Check Credit Card

Credit Card Information: Card Number: _____ Exp Date _____ Sec Code _____

I would prefer to call me my credit card information. Please call me for my card information.

How did you hear about Capelli Institute?

Flyer Newspaper High School Flyer eMail Message Other _____

To the best of my knowledge, my daughter does not suffer from any physical or mental disorders which may prevent them from attending and participating in beauty camp. I also understand that some hair skin and nail products may contain chemicals that my daughter may be allergic to. I agree to hold Capelli Institute of Hair and its students and staff harmless for anything containing to such allergic or medical reactions to any chemicals or treatments my daughter may receive while at camp.

Student Signature _____

Signature of Parent or Guardian Date: _____

Capelli Institute Use Only

Interviewed by: _____ Date: _____