



JUST LIVE LIFE: kids!



"providing wigs to kids with medically related hair loss"

APPLICATION

APPLICANT:

DATE: ____ / ____ / ____

PARENT/GUARDIAN NAME: _____

CHILD'S NAME: _____

GENDER: M | F AGE: _____ DATE OF BIRTH: ____ / ____ / ____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PAST RECIPIENT?: Yes No SUBMIT THIS APPLICATION WITH: Doctor's Diagnosis Before Photo

PARENT/GUARDIAN SIGNATURE: _____

STUDIO:

STYLE/COLOR: _____
(If custom order, attach to application)

STUDIO NAME: _____ ACCT. #: _____

AUTHORIZED RETAILER SIGNATURE: _____

Provided by: **IHI** ADERANS HAIR GOODS INC.

Sponsored by: **PRIVATE**
by Cyberhair^{ISSUE}

**No photos will be used without parent/guardian permission.
Application to be submitted to IHI by participating studios.