

Cloud 9 Hair Salon reopens

Thursday, April 7

Join us in welcoming
Sandee Nahal

- 1) Residents need a signed authorization form on file in the Village Office with an attached price list.
- 2) If you are unsure if the resident has a form on file, please complete a new one or contact Carolyn in the Village Office.
- 3) Residents wishing to receive services as soon as possible, should contact Carolyn in the Village Office.



Cloud 9 Hair Salon



Prices effective April 7, 2022

Shampoo, Conditioner & Setting Lotion	\$35
Shampoo, Cut & Style	\$51
Perm, including Shampoo, Cut & Style	\$90
Shampoo Only (does not include drying)	\$14
Ladies Cut Only (does not include wash or dry)	\$35
Shampoo and Cut (does not include dry)	\$39
Colour	\$80
Men's Cut Only	\$28
Beard Trimming	\$15
Mustache Trimming	\$5

Prices include GST



Mount St. Mary Hospital

861 Fairfield Road
 Victoria, BC V8V 5A9
 Tel: 250-480-3100 Fax: 250-480-3111
www.mountstmary.ca

AUTHORIZATION FOR HAIRCARE SERVICE

Please check box(es) for service required, price is for one visit:

Services:	Frequency:			
Shampoo/Style	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi- Weekly		
Shampoo, Cut & Style	<input type="checkbox"/> 4 weeks	<input type="checkbox"/> 6 weeks	<input type="checkbox"/> 8 weeks	<input type="checkbox"/> 12 weeks
Shampoo & Cut	<input type="checkbox"/> 4 weeks	<input type="checkbox"/> 6 weeks	<input type="checkbox"/> 8 weeks	<input type="checkbox"/> 12 weeks
Ladies Cut (doesn't include drying)	<input type="checkbox"/> 4 weeks	<input type="checkbox"/> 6 weeks	<input type="checkbox"/> 8 weeks	<input type="checkbox"/> 12 weeks
Colour (includes cut, style)	<input type="checkbox"/> 8 weeks	<input type="checkbox"/> 12 weeks		
Perm (includes cut, style)	<input type="checkbox"/> 4 months	<input type="checkbox"/> 5 months		
Shampoo only (doesn't include drying)				
Men's cut only	<input type="checkbox"/> 4 weeks	<input type="checkbox"/> 6 weeks	<input type="checkbox"/> 8 weeks	<input type="checkbox"/> 12 weeks
Beard Trimming				
Mustache Trimming				

RESIDENT NAME: _____

HOUSE & ROOM NO.: _____

CONTACT NAME (Print): _____

CONTACT PHONE NO. (Daytime): _____

SIGNATURE: _____

DATE: _____

NOTE: Rates are subject to change and any changes to the requested services must be made in writing and signed. Please see the attached list for current services available and prices.