

Welcome to SunKissed Tanning & Beauty

Registration Form

Please fill out all information completely and accurately so that we can ensure you a great experience at SunKissed Tanning & Beauty

Date: _____ Birth Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Is this a cell phone? Yes or No

Receive exclusive promotions and discounts offered ONLY via email....

Email Address: _____

Have you taken any prescribed or over-the-counter medications recently? If yes, call a pharmacist, doctor, or poison control to see if your medication is photosensitizing List medications: _____	YES NO YES NO
Do you freckle or peel when tanning?*	YES NO
Have you ever developed a rash, blister, allergic reaction or sun poisoning from tanning?	YES NO
Are you or could be pregnant? (caution customer about heat) If yes, do you have your doctor's permission to tan?	YES NO YES NO
Are you currently under a doctor's care? If yes, please list medical conditions: _____	YES NO YES NO
Do you presently have or have ever had cataracts? (CE) (Emphasize protective eyewear)	YES NO
Do you wear contact lenses? (Recommend moisturizer before/after to prevent dryness)	YES NO
Do you know how to wear protective eyewear properly?	YES NO
Have you tanned routinely in the last 30 days?	YES NO
If yes how many days/weeks of tanning: _____	Outdoors _____ Indoors _____ Combined _____
Do you burn each time you go in the sun?	YES NO
Do you tan easily?	YES NO

*Begin tanning at skin type II to minimize any skin reaction

How did you first hear about us? Please check one of the following:

<input type="checkbox"/> Billboard	<input type="checkbox"/> Facebook/Social media
<input type="checkbox"/> Flyer	<input type="checkbox"/> Website/Internet Search
<input type="checkbox"/> Radio	<input type="checkbox"/> I shop in this center (Drive-By)
<input type="checkbox"/> Coupon	<input type="checkbox"/> Friends (Word of Mouth)
Which one _____	<input type="checkbox"/> Other

For Employee Use Only

Circle Skin Type: 1 2 3 4 5