

Truindi Raw Hair, LLC
28 Spring Street, Unit 182
Princeton, NJ 08542
Tel: 973-525-7862

Truindi Raw Hair Cancer Giveback Program “Stylist Agreement Form”

I _____ as the selected stylist of the Truindi Raw Hair Cancer Giveback Program (Stylist/Client) award agree to submit a clear picture of my client who is battling cancer and has been beautified by myself showing her hairstyle within 72 hours of completing the style. A photo will be emailed to Truindi Raw Hair at inquiry@truindirawhair.com for publication of my client, _____ on their website.

Furthermore, I _____ understand that I shall receive no payment for my participation as a stylist in the Truindi Raw Hair Cancer Giveback Program. This is a free annual service for one woman battling cancer in collaboration with myself _____ and Truindi Raw Hair. I acknowledge that I am the chosen stylist for the Truindi Raw Hair Cancer Giveback Program (Stylist/Client Award).

Name: _____

Signature: _____

Date: _____

Telephone: _____