

**Completed applications are reviewed within a few days. Once all documents are submitted, we will process the application.*

Applicant Information:

Name					
Address					
City		State		Zip	
DOB		Gender		Phone#	

Parent or Guardian Information: *(If a minor)*

Name					
Address					
City		State		Zip	
Phone#		Cell#		Email	
Do you give us permission to use your (minor/child) photo in the wig for our site?					Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you hear about us?					
<i>Applicant or Authorized Signature</i> <u>X</u>					

Required Documents to Include:

Medical Reference:

- Doctor's diagnosis - can be faxed or emailed directly from Dr. Office to us.
- A photo attachment of applicant before and after hair loss to give us an better idea of what you would like.

Personal Reference:

- Letter of Recommendation (Doctor, Church, Work, etc.)
- Explain how you would benefit from receiving a wig:

- Any wig preferences? (Curly, Wavy, Straight, Short, Long, Color, etc.)

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PARTICIPATING COMPANIES

