

Gypsy Sun Tanning

Terms & Conditions

- _____ 1. All Prices, Fees & Charges are Non Refundable.
- _____ 2. I understand that all tanning packages, or minutes, are for one person only and cannot be shared nor transferred to another person.
- _____ 3. I understand Gypsy Sun Tanning is Walk in only, no appointments are made.
- _____ 4. I understand that Gypsy Sun is closed on Sundays and Mondays.
- _____ 5. I understand there is only allowed to be 1 person in a tanning room at a time.
- _____ 6. I understand all purchased tans have an expiration date.

Printed Name: _____

Signature: _____ Date: _____

Customer Questionnaire for Determination of Skin Sensitivity

Each customer must answer the following questions to determine their skin type. Their skin type number must be documented on the client card. Tanning exposures are then determined based on the customers skin type and the tanning bed exposure schedule.

Questions	0	1	2	3	4	Points
What is the natural color of your eyes?	Light blue, gray or green	Blue, gray, or green	Hazel or Light Brown	Dark brown	Brownish black	
What is the natural color of your hair?	Red or Light blonde	Blonde	Dark blonde or Light brown	Dark brown	Black	
What is your natural skin color before sun exposure?	Ivory White	Fair or Pale	Fair to Beige	Olive or Light brown	Dark brown or black	
How many freckles do you have on unexposed areas of your skin?	Many	Several	Few	Very Few	None	
How does your skin respond to the sun?	Always burns, blisters & peels	Burns often blisters & peels	Burns moderately	Rarely burns, if at all	Never burns	
Does your skin tan?	Never	Seldom	Sometimes	Often	Always	
How deeply do you tan?	Not at all or very little	Lightly	Moderately	Deeply	Naturally dark skin	
How sensitive is your face to the sun?	Very sensitive	Sensitive	Normal	Resistant	Never had a problem	
Total						

Type I (0-6) Type II (7-12) Type III (13-18) Type IV (19-24) Type V (>25)

Recommended Exposure Schedule					
Skin Type	Week 1 1st - 3rd Treatments	Week 2 4th - 6th Treatments	Week 3 7th - 10th Treatments	Week 4 11th -15th Treatments	Weekly Subsequent Treatments
I - Sensitive	Not Advised	Not Advised	Not Advised	Not Advised	Not Advised
II - Fair	3 Min.	7 Min.	15 Min.	15 Min.	20 Min.
III - Average	3 Min.	7 Min.	15 Min.	15 Min.	20 Min.
IV - Brown	3 Min.	10 Min.	15 Min.	20 Min.	20 Min.
V - Dark Brown	3 Min.	10 Min.	15 Min.	20 Min.	20 Min.

MAXIMUM EXPOSURE TIME IS 20 MINUTES.