



Hair Stylist of the Month  
Release Form

Fax completed forms to (818) 881-5220      Attn: Hair Stylist Contest

I \_\_\_\_\_ (print name) agree to the terms and conditions posted on the Extensions Plus website for the Hair Stylist of the Month Contest. I hereby certify that all work submitted is mine and I allow Extensions Plus to feature the images on their website for purposes related to the Hair Stylist of the Month Contest, without time constraints. I recognize that Extensions Plus will select the stylists to be featured in the monthly contest. Extensions Plus has the right to filter images that it deems inappropriate. I understand that my submission must be complete and received/postmarked by the 15<sup>th</sup> to participate for the following month. I have included a copy of the proof of hair purchase from Extensions Plus, along with a model release waiver and my cosmetology license. In addition, I will email 3 images of my work to [contest@extensions-plus.com](mailto:contest@extensions-plus.com).

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

Contact Info: **(you must provide one valid address)**

	Street Address	City	State	Zip
Salon Name: _____ _____				
Mailing (if different):				

**(At least 1 valid phone is required)**

Cell Phone	Salon #	Email	Website (if applicable)

# Extensions *Plus*<sup>™</sup>

Description of Work:

Model's Name	Type of Hair	Date of Installation	Installation Method

Please provide us with any comments or other details about your work that you deem important:



Hair Stylist of the Month  
Model Release Form

I \_\_\_\_\_ (print name) authorize Extensions Plus to feature images of me, on behalf of \_\_\_\_\_ (print Hair Stylist's name). I allow Extensions Plus to feature the images on their website for purposes related to the Hair Stylist of the Month Contest, without time constraints.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### Checklist

The following items must be mailed or faxed by the 15<sup>th</sup> of the month to (818) 881-5220:

- \_\_\_\_\_ Hair Stylist of the Month Release Form (signed)
- \_\_\_\_\_ Hair Stylist of the Month Model Release Form
- \_\_\_\_\_ Receipt of hair purchase
- \_\_\_\_\_ Description of work
- \_\_\_\_\_ A copy of a valid cosmetology license

In addition, fax the following items to [contest@extensions-plus.com](mailto:contest@extensions-plus.com), be sure to *include your full name, your contact phone number, and model's name* in the body of the email:

- \_\_\_\_\_ 3 images of the model wearing Extensions Plus's hair, with your featured style

You will receive an email confirmation with 48 business hours that your images have been received and can be opened and viewed on our system.