

APPLICATION

The program I am applying for:

"WELLNESS PROGRAM" – Active - 1 yr. post Treatment.

TO APPLY: Fill in Application and General Medical Release



(781) 385-9601

www.lookfeelfab.org

The location I am applying for:

_____ **WHITMAN** – Whitman Wellness Center, 7 Marble Street, Whitman, MA

_____ **NORWELL** – Jordyn Warren Esthetics, 148 Main St, Norwell, MA

_____ **WESTBOROUGH** – Healing & Wellness Ctr, 45 Lyman St, Suite 22, Westborough

_____ **WOBURN** – Anna Lotan Pro, 400 W. Cummings Park, Suite 1200, Woburn, MA

_____ **SOMERSET**– Salon Elegance and Spa, 1521 Riverside Ave, Somerset, MA

THE APPLICATION (Fill in below for ALL programs)

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Best way to contact you: Phone: ___ Text: ___ Email: ___

Date of Birth: _____ Sex: _____

Marital Status: _____

Occupation: _____

Emergency Contact: _____

Emergency Contact Relationship: _____

Emergency Contact Phone: _____

APPLICANT HEALTH INFO

Type of Cancer: _____

Date of Diagnosis: _____

Allergies: _____

Skin Concerns: _____

Working with compromised immune systems restricts us from seeing anyone experiencing an infection or contagious illness. Looking & Feeling FAB, Inc. has the right to approve or deny anyone free services, however we will never discriminate. I confirm that I understand all the guidelines, terms and conditions and that I have answered all the questions truthfully and to the best of my ability.

Applicant Signature

Date