



## Rouge Nail Bar™ Franchise Form

Last Name: \_\_\_\_\_

First name: \_\_\_\_\_

Day phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Date of Birth: \_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_  
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Current type of employment: \_\_\_\_\_

Current position: \_\_\_\_\_

Where do you currently reside?

\_\_\_\_\_

<i>City</i>	<i>Province/ State</i>	<i>Country</i>
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How did you hear about us? \_\_\_\_\_

Why are you interested in opening your own Rouge Nail Bar™?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When would you like to start this franchise opportunity?

\_\_\_\_\_

\* Please attach your resume along with this completed form in an e-mail: ([franchise@rougenailbar.com](mailto:franchise@rougenailbar.com))

\*\* All information is strictly confidential