



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)

** All information is strictly confidential