Misty Ridge Tanning Work Order

Name: _____

Address: _____

_____

Phone: _____

PLEASE CHECK APPROPRIATE BOXES

						Install Ear Liners		If Yes Please Specify		
Species	**Frozen**	**Salted**	**Wet Tan**	**Dry Tan**	**Detailed Shaving**	**Yes**	**No**	**Butt Less**	**Ears Forward**	**Ears Back**
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