

# Daily Service Schedule

Designer \_\_\_\_\_

Date \_\_\_\_\_

Time	Customer	Gender	Services Requested
7:00 AM		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Cut <input type="checkbox"/> Shampoo & Style <input type="checkbox"/> Up Style <input type="checkbox"/> Permanent Color w/Cut <input type="checkbox"/> Partial Foil <input type="checkbox"/> Full Foil <input type="checkbox"/> Full Foil w/Cut <input type="checkbox"/> Color Foil w/Cut <input type="checkbox"/> Perm w/Cut <input type="checkbox"/> Other
8:00 AM		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Cut <input type="checkbox"/> Shampoo & Style <input type="checkbox"/> Up Style <input type="checkbox"/> Permanent Color w/Cut <input type="checkbox"/> Partial Foil <input type="checkbox"/> Full Foil <input type="checkbox"/> Full Foil w/Cut <input type="checkbox"/> Color Foil w/Cut <input type="checkbox"/> Perm w/Cut <input type="checkbox"/> Other
9:00 AM		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Cut <input type="checkbox"/> Shampoo & Style <input type="checkbox"/> Up Style <input type="checkbox"/> Permanent Color w/Cut <input type="checkbox"/> Partial Foil <input type="checkbox"/> Full Foil <input type="checkbox"/> Full Foil w/Cut <input type="checkbox"/> Color Foil w/Cut <input type="checkbox"/> Perm w/Cut <input type="checkbox"/> Other
10:00 AM		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Cut <input type="checkbox"/> Shampoo & Style <input type="checkbox"/> Up Style <input type="checkbox"/> Permanent Color w/Cut <input type="checkbox"/> Partial Foil <input type="checkbox"/> Full Foil <input type="checkbox"/> Full Foil w/Cut <input type="checkbox"/> Color Foil w/Cut <input type="checkbox"/> Perm w/Cut <input type="checkbox"/> Other
11:00 AM		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Cut <input type="checkbox"/> Shampoo & Style <input type="checkbox"/> Up Style <input type="checkbox"/> Permanent Color w/Cut <input type="checkbox"/> Partial Foil <input type="checkbox"/> Full Foil <input type="checkbox"/> Full Foil w/Cut <input type="checkbox"/> Color Foil w/Cut <input type="checkbox"/> Perm w/Cut <input type="checkbox"/> Other
12:00 PM		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Cut <input type="checkbox"/> Shampoo & Style <input type="checkbox"/> Up Style <input type="checkbox"/> Permanent Color w/Cut <input type="checkbox"/> Partial Foil <input type="checkbox"/> Full Foil <input type="checkbox"/> Full Foil w/Cut <input type="checkbox"/> Color Foil w/Cut <input type="checkbox"/> Perm w/Cut <input type="checkbox"/> Other
1:00 PM		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Cut <input type="checkbox"/> Shampoo & Style <input type="checkbox"/> Up Style <input type="checkbox"/> Permanent Color w/Cut <input type="checkbox"/> Partial Foil <input type="checkbox"/> Full Foil <input type="checkbox"/> Full Foil w/Cut <input type="checkbox"/> Color Foil w/Cut <input type="checkbox"/> Perm w/Cut <input type="checkbox"/> Other
2:00 PM		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Cut <input type="checkbox"/> Shampoo & Style <input type="checkbox"/> Up Style <input type="checkbox"/> Permanent Color w/Cut <input type="checkbox"/> Partial Foil <input type="checkbox"/> Full Foil <input type="checkbox"/> Full Foil w/Cut <input type="checkbox"/> Color Foil w/Cut <input type="checkbox"/> Perm w/Cut <input type="checkbox"/> Other
3:00 PM		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Cut <input type="checkbox"/> Shampoo & Style <input type="checkbox"/> Up Style <input type="checkbox"/> Permanent Color w/Cut <input type="checkbox"/> Partial Foil <input type="checkbox"/> Full Foil <input type="checkbox"/> Full Foil w/Cut <input type="checkbox"/> Color Foil w/Cut <input type="checkbox"/> Perm w/Cut <input type="checkbox"/> Other
4:00 PM		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Cut <input type="checkbox"/> Shampoo & Style <input type="checkbox"/> Up Style <input type="checkbox"/> Permanent Color w/Cut <input type="checkbox"/> Partial Foil <input type="checkbox"/> Full Foil <input type="checkbox"/> Full Foil w/Cut <input type="checkbox"/> Color Foil w/Cut <input type="checkbox"/> Perm w/Cut <input type="checkbox"/> Other
5:00 PM		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Cut <input type="checkbox"/> Shampoo & Style <input type="checkbox"/> Up Style <input type="checkbox"/> Permanent Color w/Cut <input type="checkbox"/> Partial Foil <input type="checkbox"/> Full Foil <input type="checkbox"/> Full Foil w/Cut <input type="checkbox"/> Color Foil w/Cut <input type="checkbox"/> Perm w/Cut <input type="checkbox"/> Other
6:00 PM		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Cut <input type="checkbox"/> Shampoo & Style <input type="checkbox"/> Up Style <input type="checkbox"/> Permanent Color w/Cut <input type="checkbox"/> Partial Foil <input type="checkbox"/> Full Foil <input type="checkbox"/> Full Foil w/Cut <input type="checkbox"/> Color Foil w/Cut <input type="checkbox"/> Perm w/Cut <input type="checkbox"/> Other
7:00 PM		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Cut <input type="checkbox"/> Shampoo & Style <input type="checkbox"/> Up Style <input type="checkbox"/> Permanent Color w/Cut <input type="checkbox"/> Partial Foil <input type="checkbox"/> Full Foil <input type="checkbox"/> Full Foil w/Cut <input type="checkbox"/> Color Foil w/Cut <input type="checkbox"/> Perm w/Cut <input type="checkbox"/> Other