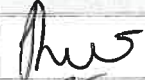






ATELIERHAIR

By signing the policy or procedure below you acknowledge that you have read and understand the requirements, obligations and responsibilities of the document listed below.

DOCUMENT NAME & ID: POL-0002 Booking and Cancellation Policy (staff)

STAFF NAME	SIGNATURE	DATE
Jason Walker		2/04/22
Ken Freedman		26/2/22
Jules Romano		26/2/22
Shannon Davis		6/4/22
Sophie Mauler		2/4/22