

Salon Operations Form

- 1. Salon Name _____
- 2. Month _____

- 3. Total Number of Clients Served _____

- 4. Total Number of Retail Clients _____

Retail Sales

- 5. Total Retail Product Quantity Sold _____
- 6. Total Number of Tickets _____
- 7. Average Sale Amount Per Retail Product Ticket _____
- 8. Percentage of Clients Purchasing Retail Product _____

Service Sales

- 9. Number of Haircut Clients _____
- 10. Number of Color Clients _____
- 11. Number of Perm/Relaxer Client _____
- 12. Number of Massage Clients _____
- 13. Number of Facial Clients _____
- 14. Number of Manicure Clients _____
- 15. Number of Pedicure Clients _____
- 16. Number of Misc Service Clients _____

Client Information

- 15. Number of New Clients _____
- 16. Number of Return Clients _____
- 17. Number of Referred Clients _____
- 18. Percentage of Clients Receiving Multiple Services _____