



Dread Application

Date _____

Applying for: ★ a full head of dreads ★ a healing spirit dread

Information

Name: _____
(Last) (First) (Middle)

Address: _____
Street Apt #

City State Zip

Date of Birth: _____ Best Phone Number: _____ - _____ - _____

Email : _____ How did you hear about us: _____

What Color is Your Hair _____ How long is Your Hair _____
(Inch)

How long ago did you beat cancer _____ or a loved one not beat cancer _____
(Years\Months) (Years\Months)

How long ago did you have dreads if any _____

	Needed For Full Head	Needed For Spirit Dread
A picture of you with dreads before cancer	500(min)word letter about your story befor cancer with dreads	A picture of you and your loved one before every thing.
A picture of you during cancer treatment	500(min) word letter about your story during treatment	A picture of you and your loved one during the final goodbyes.
A picture of you now that your good!	500(min)word letter about how you benefit from these dreads	1500(min) word letter of how life is now with out them

Website: www.DreadlocksOfLove.org Email: info@DreadsForFriends.com

**Please send all mail to:
DREADS FOR FRIENDS
P.O. BOX 1696 BOISE, ID, 83701**