



**MALE WIG
REQUEST FORM**

This form must be completed in its entirety in order to receive your halo wig. Please print clearly. You can scan and email back or send via regular mail.

Recipient Name: _____ DOB: _____
Address: _____
City, State, Zip Code: _____
Cell Phone: _____ Email: _____
Diagnosis: _____
Hospital/Referred By: _____

T-shirt size: Child - S M L XL Adult - S M L XL

Head Circumference: _____ inches (Use a flexible tape measure, such as a paper one, or a dressmaker's tape measure. Measure around the fullest part of your head, just above the brow bone)

Please circle your preferred hair color and send this order form to the address below.

Blonde Dark Brunette Light Brunette Black Red

Signature of parent or guardian

Printed name of parent or guardian

Date _____

(Signing this form gives Crowns of Courage permission to use photos of the recipient for their website and social media pages.)

Crowns of Courage – Atten: Wig Requests
4900 N. Scottsdale Road, Suite 3000 – Scottsdale, AZ 85251
crownsforcourage@gmail.com - 602.717.4422 – www.crownsforcourage.com

