

Jon Roberts Consultation Form

Name: _____ Intake Date: _____

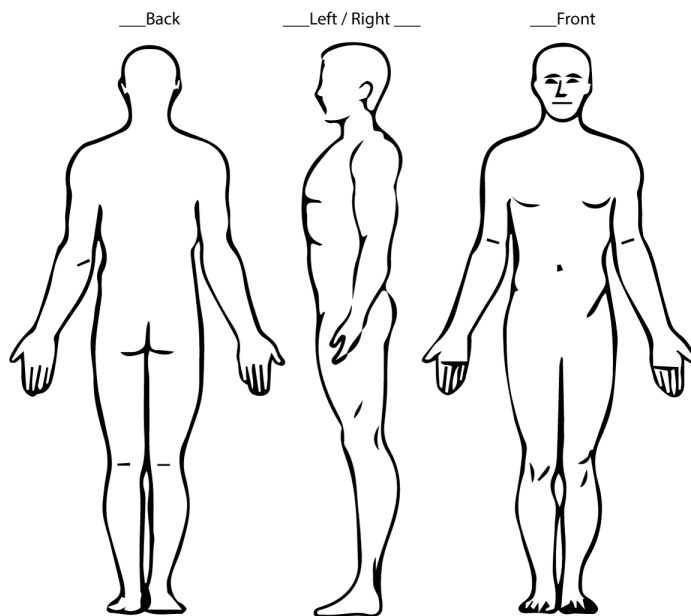
Phone Number: _____ Appt Date: _____

Email: _____

Tattoo Description: _____

List 3-5 NOUNS (person, place, or thing) you want the artist to consider including in your project.

Describe your vision.
(Narrative/Theme/What does this tattoo mean to you?)



Black & Gray

Color

Size/Location: _____

Submitting this consultation form does not guarantee an appointment. If your project is selected, you agree to give Jon Roberts the creative freedom needed to design your project based on your idea and his professional opinion.

Please note by leaving a deposit you understand that Jon Roberts has a 14 day cancelation policy (all cancellations and/ or rescheduling must be done verbally. No changes can be made to an appointment via social media, text message, or voice message). If you cancel at any point after that you will forfeit your deposit.

Once your deposit has been made and your appointment confirmed no changes can be made to the agreed upon project. If you wish to change ANY aspect of your project you must submit those ideas verbally for consideration 14 days prior to your appointment. If you wish to change your project after that time frame you run the risk of forfeiting your deposit and your appointment date.

Signature: _____

Correspondence Date/Method: _____