

Wedding Form

Date Of Wedding: _____

Name: _____

Email : _____ Phone# _____

Address: _____ State: _____ Zip: _____

At Salon _____ Offsite Location Address _____

Hair styles #: _____ Make up #: _____ Manicures #: _____ Pedicures #: _____

Ceremony time _____ Finish time _____

Names: _____ Length of Hair: _____ Make up: _____

1: _____ length of hair _____ Make up _____

2: _____ length of hair _____ Make up _____

3: _____ length of hair _____ Make up _____

4: _____ length of hair _____ Make up _____

5: _____ length of hair _____ Make up _____

6: _____ length of hair _____ Make up _____

7: _____ length of hair _____ Make up _____

8: _____ length of hair _____ Make up _____

9: _____ length of hair _____ Make up _____

10: _____ length of hair _____ Make up _____

*****Full payment is due one month before wedding date. No refunds after the week before the wedding date.**