

Wedding Party Form

Please Print

Brides name _____ No. in party _____

Address _____ Time requested _____

_____ Date of Appt. _____

Phone# () _____ Work # () _____ Fax # _____

Contact Person _____ Phone# _____

Wedding Colors _____

Brides name change and address _____

How did you hear about us ? _____

** Parties of six or more will require a credit card on hold or a 50% cash deposit. Please give us a 72 hour notice when canceling appointments to avoid being charged for missed appointments.

Please print the names of the wedding party and circle the services needed

1. (Bride) _____

Special Style Shampoo/BD Makeup Lashes Elemental Manicure

Elemental Pedicure Facial Massage Other _____

Trial run date: _____ Special Style Makeup

2. _____ Phone# _____

Special Style Shampoo/BD Makeup Lashes Elemental Manicure

Elemental Pedicure Facial Massage Other _____

3. _____ Phone # _____

Special Style Shampoo/BD Makeup Lashes Elemental Manicure

Elemental Pedicure Facial Massage Other _____

4. _____ Phone # _____

Special Style Shampoo/BD Makeup Lashes Elemental Manicure

Elemental Pedicure Facial Massage Other _____

5. _____ Phone # _____

Special Style Shampoo/BD Makeup Lashes Elemental Manicure

Elemental Pedicure Facial Massage Other _____

6. _____ Phone # _____

Special Style Shampoo/BD Makeup Lashes Elemental Manicure

Elemental Pedicure Facial Massage Other _____

7. _____ Phone # _____
Special Style Shampoo/BD Makeup Lashes Elemental Manicure
Elemental Pedicure Facial Massage Other _____

8. _____ Phone # _____
Special Style Shampoo/BD Makeup Lashes Elemental Manicure
Elemental Pedicure Facial Massage Other _____

9. _____ Phone # _____
Special Style Shampoo/BD Makeup Lashes Elemental Manicure
Elemental Pedicure Facial Massage Other _____

10. _____ Phone # _____
Special Style Shampoo/BD Makeup Lashes Elemental Manicure
Elemental Pedicure Facial Massage Other _____

11. _____ Phone # _____
Special Style Shampoo/BD Makeup Lashes Elemental Manicure
Elemental Pedicure Facial Massage Other _____

12. _____ Phone # _____
Special Style Shampoo/BD Makeup Lashes Elemental Manicure
Elemental Pedicure Facial Massage Other _____

Name _____

Credit Card _____ # _____

Exp. Date _____

Deposit Amount _____

Please sign _____