

Bridal Party

Name of Bride (First & Last): _____

Home #: _____ Fax#: _____ Work #: _____

Address: _____

Date of Wedding: _____ Email address: _____

Trial Up-do Date: _____

Time needed to be out of salon by: _____

Credit Card # : _____ Exp. _____

*Only fill in areas that apply

Title	First & Last Name	Up-do OR Blowout	Stylist Preference (Name of Stylist)	Makeup Artist Request
Bride				
Mother of Bride				
Mother of Groom				
Maid of Honor				
Bridesmaid				
Bridesmaid				
Bridesmaid				
Bridesmaid				
Bridesmaid				
Bridesmaid				
Bridesmaid				
Bridesmaid				
Flower girl				

*All girls receiving up-dos must come in with their hair already washed & completely dried with some product in their hair (best is hair washed the morning before the day of appointment.) NO FLAT IRON

*Any appointments cancelled with less then 48 hours are subject to a 50% charge for their services. Any no shows will be charged 100% of services.

Please fax all requests to (973) 716-0808