



Bridal Party Package

Brides Name:

Home Phone Number:

Cell Phone Number:

Mailing Address:

Email Address:

Date of Wedding:

Time of Wedding:

Location of Wedding:

**Time you would like to
be out of Salon by:**

Date Requested for Nail Services:

Please list girls in wedding and check off what services each will be having done. Please note, nail services are performed a day prior to the wedding.

Bride: First Name	Last Name
<div style="text-align: center;"> <input type="checkbox"/> Hair – Long or Short (Please Circle) <ul style="list-style-type: none"> <input type="checkbox"/> Up-do/Partial <input type="checkbox"/> Formal Style Down <input type="checkbox"/> Wash and Blow Dry Only (remember to bring head piece) <input type="checkbox"/> Make-up <input type="checkbox"/> Manicure <input type="checkbox"/> Pedicure <input type="checkbox"/> Trial Run Hair - <input type="checkbox"/> Trial Run Make-up: Date for trial run _____ <input type="checkbox"/> Do you prefer a certain technician? Name: _____ Additional Notes: </div>	
<div style="text-align: center;"> Mother of the Bride: First Name: _____ Last Name _____ <input type="checkbox"/> Hair – Long or Short (Please Circle) <ul style="list-style-type: none"> <input type="checkbox"/> Up-do/Partial <input type="checkbox"/> Formal Style Down <input type="checkbox"/> Wash and Blow Dry Only <input type="checkbox"/> Make-up <input type="checkbox"/> Manicure <input type="checkbox"/> Pedicure Additional Notes: </div>	
<div style="text-align: center;"> Mother of the Groom: First Name: _____ Last Name _____ <input type="checkbox"/> Hair – Long or Short (Please Circle) <ul style="list-style-type: none"> <input type="checkbox"/> Up-do/Partial <input type="checkbox"/> Formal Style Down <input type="checkbox"/> Wash and Blow Dry Only <input type="checkbox"/> Make-up <input type="checkbox"/> Manicure <input type="checkbox"/> Pedicure Additional Notes: </div>	

Attendant 1: First Name: _____ Last Name: _____	Attendant 2: First Name: _____ Last Name: _____
<input type="checkbox"/> Hair – Long or Short (Please Circle) <input type="checkbox"/> Up-do/Partial <input type="checkbox"/> Formal Style Down <input type="checkbox"/> Wash and Blow Dry Only <input type="checkbox"/> Make-up <input type="checkbox"/> Manicure <input type="checkbox"/> Pedicure Additional Notes:	<input type="checkbox"/> Hair – Long or Short (Please Circle) <input type="checkbox"/> Up-do/Partial <input type="checkbox"/> Formal Style Down <input type="checkbox"/> Wash and Blow Dry Only <input type="checkbox"/> Make-up <input type="checkbox"/> Manicure <input type="checkbox"/> Pedicure Additional Notes:
Attendant 3: First Name: _____ Last Name: _____	Attendant 4: First Name: _____ Last Name: _____
<input type="checkbox"/> Hair – Long or Short (Please Circle) <input type="checkbox"/> Up-do/Partial <input type="checkbox"/> Formal Style Down <input type="checkbox"/> Wash and Blow Dry Only <input type="checkbox"/> Make-up <input type="checkbox"/> Manicure <input type="checkbox"/> Pedicure Additional Notes:	<input type="checkbox"/> Hair – Long or Short (Please Circle) <input type="checkbox"/> Up-do/Partial <input type="checkbox"/> Formal Style Down <input type="checkbox"/> Wash and Blow Dry Only <input type="checkbox"/> Make-up <input type="checkbox"/> Manicure <input type="checkbox"/> Pedicure Additional Notes:
Attendant 5: First Name: _____ Last Name: _____	Attendant 6: First Name: _____ Last Name: _____
<input type="checkbox"/> Hair – Long or Short (Please Circle) <input type="checkbox"/> Up-do/Partial <input type="checkbox"/> Formal Style Down <input type="checkbox"/> Wash and Blow Dry Only <input type="checkbox"/> Make-up <input type="checkbox"/> Manicure <input type="checkbox"/> Pedicure Additional Notes:	<input type="checkbox"/> Hair – Long or Short (Please Circle) <input type="checkbox"/> Up-do/Partial <input type="checkbox"/> Formal Style Down <input type="checkbox"/> Wash and Blow Dry Only <input type="checkbox"/> Make-up <input type="checkbox"/> Manicure <input type="checkbox"/> Pedicure Additional Notes:

Attendant 7: First Name: _____ Last Name: _____	Attendant 8: First Name: _____ Last Name: _____
<input type="checkbox"/> Hair – Long or Short (Please Circle) <input type="checkbox"/> Up-do/Partial <input type="checkbox"/> Formal Style Down <input type="checkbox"/> Wash and Blow Dry Only <input type="checkbox"/> Make-up <input type="checkbox"/> Manicure <input type="checkbox"/> Pedicure Additional Notes:	<input type="checkbox"/> Hair – Long or Short (Please Circle) <input type="checkbox"/> Up-do/Partial <input type="checkbox"/> Formal Style Down <input type="checkbox"/> Wash and Blow Dry Only <input type="checkbox"/> Make-up <input type="checkbox"/> Manicure <input type="checkbox"/> Pedicure Additional Notes:
Attendant 9: First Name: _____ Last Name: _____	Attendant 10: First Name: _____ Last Name: _____
<input type="checkbox"/> Hair – Long or Short (Please Circle) <input type="checkbox"/> Up-do/Partial <input type="checkbox"/> Formal Style Down <input type="checkbox"/> Wash and Blow Dry Only <input type="checkbox"/> Make-up <input type="checkbox"/> Manicure <input type="checkbox"/> Pedicure Additional Notes:	<input type="checkbox"/> Hair – Long or Short (Please Circle) <input type="checkbox"/> Up-do/Partial <input type="checkbox"/> Formal Style Down <input type="checkbox"/> Wash and Blow Dry Only <input type="checkbox"/> Make-up <input type="checkbox"/> Manicure <input type="checkbox"/> Pedicure Additional Notes:

PLEASE NOTE: A \$100 non-refundable deposit is expected upon reserving the date. Reservations are preferred at least 6 months in advance. Three months prior to the wedding a 50% payment is expected. Upon request we can provide an itemized list of each individuals charges. Please be sure to have any changes done by this date. Balance is due two weeks prior to wedding. Remember, **HAVE ALL GIRLS COME IN WITH HAIR CLEAN AND DRY** with a button up shirt and any head pieces.

Good luck with planning and thank you in advance:

Brides Signature: _____ **Date:** _____

For Office Use	
Date Received	Date Entered in Appt Book
Deposit Amount	Deposit Date Received
Second Payment Amount	Second Payment Date Received
Balance	Balance Payment Date Received