

IMAGINE

Salon & Spa

BRIDAL PARTY QUESTIONNAIRE: PACKAGE C

Bride's Name:

Groom's Name:

Wedding Date:

Time of Ceremony:

Time services need to be complete:

Home Address:

City:

State:

Zip code:

Traveling Address:

City:

State:

Zip code:

Home: () -

Work: () -

Cell: () -

E-Mail Address:

Bride's Stylist:

Bride's Makeup Artist:

Trial Date and Time:

Deposit Gift Card Number:

Notes:

- Front Desk: Please print and attach driving directions from salon to traveling address (with mileage) to this form.

	Name	Please Circle Services	Service Providers
Bride:		Updo Style Make-up Eyelashes	
Mother of Bride:		Updo Style Make-up Eyelashes	
Mother of Groom:		Updo Style Make-up Eyelashes	
Maid of Honor:		Updo Style Make-up Eyelashes	
Bridesmaids:		Updo Style Make-up Eyelashes	
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		Updo Style Make-up Eyelashes	
Flower Girls:		Updo Style Make-up Eyelashes	
(10 years and under)		Updo Style Make-up Eyelashes	
		Updo Style Make-up Eyelashes	

Initials: _____ Date: _____