

CONSULTATION FORM 2018

Wedding Day: Mon Tues Wed Thurs Fri Sat Sun							Wedding Date:																																																				
Bride's Name:					Groom's Name:																																																						
Home Address:																																																											
Cell #				Contact# on day of event:																																																							
How Did you hear about us?																																																											
Wedding Coordinator Info:																																																											
Venue:			Getting Ready Location:			Hair and/or makeup completion time:																																																					
Please circle services needed for each individual person (please indicate if person is under 10)						Package Option:																																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name _____</th> <th style="width: 15%;">Hair</th> <th style="width: 15%;">Makeup</th> <th style="width: 15%;">Both</th> <th style="width: 25%;">Lashes</th> </tr> </thead> <tbody> <tr> <td>Name _____</td> <td>Hair</td> <td>Makeup</td> <td>Both</td> <td>Lashes</td> </tr> <tr> <td>Name _____</td> <td>Hair</td> <td>Makeup</td> <td>Both</td> <td>Lashes</td> </tr> <tr> <td>Name _____</td> <td>Hair</td> <td>Makeup</td> <td>Both</td> <td>Lashes</td> </tr> <tr> <td>Name _____</td> <td>Hair</td> <td>Makeup</td> <td>Both</td> <td>Lashes</td> </tr> <tr> <td>Name _____</td> <td>Hair</td> <td>Makeup</td> <td>Both</td> <td>Lashes</td> </tr> <tr> <td>Name _____</td> <td>Hair</td> <td>Makeup</td> <td>Both</td> <td>Lashes</td> </tr> <tr> <td>Name _____</td> <td>Hair</td> <td>Makeup</td> <td>Both</td> <td>Lashes</td> </tr> <tr> <td>Name _____</td> <td>Hair</td> <td>Makeup</td> <td>Both</td> <td>Lashes</td> </tr> <tr> <td>Name _____</td> <td>Hair</td> <td>Makeup</td> <td>Both</td> <td>Lashes</td> </tr> </tbody> </table>										Name _____	Hair	Makeup	Both	Lashes	Name _____	Hair	Makeup	Both	Lashes	Name _____	Hair	Makeup	Both	Lashes	Name _____	Hair	Makeup	Both	Lashes	Name _____	Hair	Makeup	Both	Lashes	Name _____	Hair	Makeup	Both	Lashes	Name _____	Hair	Makeup	Both	Lashes	Name _____	Hair	Makeup	Both	Lashes	Name _____	Hair	Makeup	Both	Lashes	Name _____	Hair	Makeup	Both	Lashes
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For Business Use

Deposit Paid:		Date booked:		Referral:	
Total Cost:			Promos:		
MUA:			Hairstylist:		
Trial Date:		Trial Fee:		Balance:	
Arrival Time:		Start time:		Completion Time:	

