



Wedding Consultation Form

Bride's name: _____

Contact name: _____

Date and time of wedding ceremony: ____/____/____; ____:____ am/pm

Location of wedding ceremony: _____

Bride's address: _____ Contact number () ____ - ____

Bridal suite reservation _____ Food service _____

Meeting time with photographer: ____:____ Salon departure time: ____:____ am/pm

Bridal consultation and trial for hair and make-up: date ____/____, time: ____ am/pm

Dates of services requested: _____



Guest

Relation to Bride

Length of hair

Services requested: _____

Notes: _____



Guest

Relation to Bride

Length of hair

Services requested: _____

Notes: _____



Guest

Relation to Bride

Length of hair

Services requested: _____

Notes: _____



Guest

Relation to Bride

Length of hair

Services requested: _____

Notes: _____



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Notes: _____



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