

Bridal Party Checklist

Please fax to: (203) 949-0251

Wedding Date (Day of the Week, Month, Date and Year): _____

All salon services must be completed by: _____ AM / PM

Service Location (if other than salon): _____

Bride's Name:				Home Phone:	
Address:					
Hair Length:	Short	Medium	Long	Work Phone:	
				Cell Phone:	
<i>Please Circle Requested Service(s):</i>				Stylist (Name or Level):	Requested (Y/N)
Blowdry		Blowdry with Curls			
Make-Up Application		1/2 Updo			
Manicure		Full Updo			
Pedicure		Straightening/Flat Iron			

Name:				Home Phone:	
Relation:				Work Phone:	
Hair Length:	Short	Medium	Long	Cell Phone:	
<i>Please Circle Requested Service(s):</i>				Stylist (Name or Level):	Requested (Y/N)
Blowdry		Blowdry with Curls			
Make-Up Application		1/2 Updo			
Manicure		Full Updo			
Pedicure		Straightening/Flat Iron			

Name:				Home Phone:	
Relation:				Work Phone:	
Hair Length:	Short	Medium	Long	Cell Phone:	
<i>Please Circle Requested Service(s):</i>				Stylist (Name or Level):	Requested (Y/N)
Blowdry		Blowdry with Curls			
Make-Up Application		1/2 Updo			
Manicure		Full Updo			
Pedicure		Straightening/Flat Iron			

For Salon Use Only:	
Date Received:	Date Entered:
Notes:	

Bridal Party Checklist (con't)

Please fax to: (203) 949-0251

Name:				Home Phone:	
Relation:				Work Phone:	
Hair Length:	Short	Medium	Long	Cell Phone:	
<i>Please Circle Requested Service(s):</i>				Stylist (Name or Level):	Requested (Y/N)
Blowdry		Blowdry with Curls			
Make-Up Application		1/2 Updo			
Manicure		Full Updo			
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Name:				Home Phone:	
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For Salon Use Only:	
Date Received:	Date Entered:
Notes:	