

TECNICOLORS SALON
bridal worksheet

DATE OF WEDDING

BRIDE'S NAME

CREDIT CARD NUMBER and EXPIRATION DATE

PREFERRED START TIME

TIME OF DEPARTURE

Bride:

Address:

Phone:

Services:

Hair: Long or Short Make-up: Y or N

Style for hair: _____

Stylist Requested: _____

Name & Relation:

Address:

Phone:

Services:

Hair: Long or Short Make-up: Y or N

Style for hair: _____

Stylist Requested: _____

Name & Relation:

Address:

Phone:

Services:

Hair: Long or Short Make-up: Y or N

Style for hair: _____

Stylist Requested: _____

Name & Relation:

Address:

Phone:

Services:

Hair: Long or Short Make-up: Y or N

Style for hair: _____

Stylist Requested: _____

Name & Relation:

Address:

Phone:

Services:

Hair: Long or Short Make-up: Y or N

Style for hair: _____

Stylist Requested: _____

Name & Relation:

Address:

Phone:

Services:

Hair: Long or Short Make-up: Y or N

Style for hair: _____

Stylist Requested: _____

Name & Relation:

Address:

Phone:

Services:

Hair: Long or Short *Make-up:* Y or N

Style for hair: _____

Stylist Requested: _____

Name & Relation:

Address:

Phone:

Services:

Hair: Long or Short *Make-up:* Y or N

Style for hair: _____

Stylist Requested: _____

Name & Relation:

Address:

Phone:

Services:

Hair: Long or Short *Make-up:* Y or N

Style for hair: _____

Stylist Requested: _____

Name & Relation:

Address:

Phone:

Services:

Hair: Long or Short *Make-up:* Y or N

Style for hair: _____

Stylist Requested: _____

Name & Relation:

Address:

Phone:

Services:

Hair: Long or Short *Make-up:* Y or N

Style for hair: _____

Stylist Requested: _____

Name & Relation:

Address:

Phone:

Services:

Hair: Long or Short *Make-up:* Y or N

Style for hair: _____

Stylist Requested: _____

Name & Relation:

Address:

Phone:

Services:

Hair: Long or Short *Make-up:* Y or N

Style for hair: _____

Stylist Requested: _____

Name & Relation:

Address:

Phone:

Services:

Hair: Long or Short *Make-up:* Y or N

Style for hair: _____

Stylist Requested: _____