



BRIDE'S NAME: \_\_\_\_\_

WEDDING DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WEDDING LOCATION: \_\_\_\_\_

BRIDE'S MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SUGGESTED START TIME: \_\_\_\_\_ PLANNED FINISH TIME: \_\_\_\_\_

FORMAL STYLES (SHOULDER LENGTH OR BELOW): \_\_\_\_\_

FORMAL STYLES (ABOVE SHOULDER LENGTH): \_\_\_\_\_

NUMBER OF MAKEUP: TRADITIONAL: \_\_\_\_\_ AIRBRUSH : \_\_\_\_\_

HOW MANY GETTING LASHES: STRIP: \_\_\_\_\_ INDIVIDUAL: \_\_\_\_\_

PHOTOGRAPHER: \_\_\_\_\_ VIDEOGRAPHER: \_\_\_\_\_

DO YOU GIVE LAVISH SALON PERMISSION TO USE PHOTOS FOR ADVERTISEMENTS AND SOCIAL MEDIA (CIRCLE ONE) YES NO

DEPOSIT: \$\_\_\_\_\_ REFERRED BY: \_\_\_\_\_ TRIAL: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ (D)(MC)(V)

EXP: \_\_\_\_\_ CVC: \_\_\_\_\_ ZIP: \_\_\_\_\_ ADDRESS #: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ SIGNATURE: \* \_\_\_\_\_

A NON REFUNDABLE \$100.00 BOOKING FEE(CASH OR CHECK ONLY) IS REQUIRED TO SCHEDULE AND SECURE YOUR WEDDING DAY SERVICES. CREDIT CARD INFORMATION IS ALSO REQUIRED ON CONTRACT (FOR CANCELLATIONS ONLY). WRITTEN NOTICE OF CANCELLATION OR CHANGES (EMAIL ACCEPTABLE) MUST BE MADE NO LATER THAN SIXTY (60) DAYS PRIOR TO THE SCHEDULED DATE OF SERVICES OR THE FULL AMOUNT OF SERVICES WILL BE CHARGED TO YOUR CREDIT CARD ON FILE.

I HAVE READ AND AGREE TO THESE TERMS.

BRIDE'S SIGNATURE: \* \_\_\_\_\_ DATE: \_\_\_\_\_

LAVISH'S COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_