



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 CASH BOOKING FEE IS REQUIRED TO SCHEDULE AND SECURE YOUR WEDDING DAY SERVICES. DEPOSITS CAN BE CASH OR CHECK ONLY. THIS FEE WILL BE APPLIED TO YOUR WEDDING DAY SERVICES. 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: _____