

Name of Bride (First and Last): _____

Home#: _____ **Cell#:** _____

Date of Wedding: ____/____/____

Time of photographer/ pictures: ____:____AM / PM

Time needed to be out of salon by: ____:____AM / PM

*Please fill out areas that apply

Bridal Party	First & Last Name	Up-do or Blow out	Make-up Yes/No
Bride			
Mother of Bride			
Mother of Groom			
Bridesmaid			
Bridesmaid			
Bridesmaid			
Bridesmaid			
Bridesmaid			
Bridesmaid			
Bridesmaid			
Bridesmaid			
Bridesmaid			
Bridesmaid			
Flower Girl			
Flower Girl			

*Trial up-do is required 6-8 weeks prior to wedding date.

*If you are getting an up-do, please arrive with your hair clean and dry.

*Please fax this form back to Pure Energy Hair Studio at 973-893-5917

We look forward to serving you on your special day!