

TEXTURE SALON AND SPA  
*bridal worksheet*

DATE OF WEDDING

BRIDE'S NAME

PREFERRED START TIME

TIME OF DEPARTURE

CREDIT CARD NUMBER AND EXPIRATION DATE

BRIDE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SERVICES:                      HAIR                      MAKE UP                      NAILS  
   LONG OR SHORT                      YES OR NO                      FRENCH OR REGULAR

HAIR STYLE REQUESTED: \_\_\_\_\_

REQUESTED STYLIST: \_\_\_\_\_

NAME AND RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SERVICES:                      HAIR                      MAKE UP                      NAILS  
   LONG OR SHORT                      YES OR NO                      FRENCH OR REGULAR

HAIR STYLE REQUESTED: \_\_\_\_\_

REQUESTED STYLIST: \_\_\_\_\_

NAME AND RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SERVICES:                      HAIR                      MAKE UP                      NAILS  
   LONG OR SHORT                      YES OR NO                      FRENCH OR REGULAR

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