



EVENT INFORMATION / REQUEST FORM

Once the Event Information / Request Form has been completed by the Client requesting services, the Client is to return this form to the company representative, and an official Service Contract Agreement will be drafted. The Service Contract Agreement will be sent to the Client for review and signature to book services.

Client Name: _____ Contact Phone #: _____ Today's Date: _____

Email: _____ Referred by: _____

Event Coordinator Name & Contact Info (if applicable): _____

SERVICES REQUESTED

TRIAL/PREVIEW SESSION: *Trial/Preview Sessions may be done either In-Studio or at Client location/address up to 20 miles from nearest studio location.*

TRIAL/PREVIEW SESSION (YES OR NO): _____ APPOINTMENT DATE: _____ APPOINTMENT TIME: _____

ADDRESS LOCATION: _____

BRIDAL/ENGAGEMENT SESSION: *Bridal/Engagement Sessions may be done either In-Studio or at Client location/address up to 20 miles from nearest studio location.*

BRIDALS/ENGAGEMENT SESSION (YES OR NO): _____ APPOINTMENT DATE: _____ APPOINTMENT TIME: _____

ADDRESS LOCATION: _____

1. Address of venue /location that you will have services performed: _____
2. Date of Wedding/Event: _____
3. Desired Start Time (Time in which our team will begin performing services): _____
4. Desired Finish Time (Time in which you need to be ready by): _____
5. How many will be in your Bridal Party, including the Bride, that will be receiving services: _____
6. Total # Makeup Services Requested: _____ # of Traditional: _____ # of Airbrush: _____
7. Total # of **Adult** Hairstyling Services Requested: _____ Excluding Flower Girl(s)
8. Will anyone need Clip-In Extensions Installed? _____ If so, how many? _____ (Clip-In Extension Installation ONLY)
9. # of Flower Girls needing services? _____
10. Please list any special requests, if applicable: _____

*PACKAGE PROPOSAL WITH PRICING DETAILS AND BOOKING CONTRACT WILL BE SENT UPON RECEIPT OF THIS FORM.