

Wedding Party Intake Form

Step 1: Complete and return this 'Intake' sheet.

Step 2: The Team Lead and/or Lead Salon Coordinator* will review the services and providers requested (if any), check availability. Once reviewed with the General Manager, you will be contacted to go over the schedule to be sure it meets your needs. (Every effort will be made to schedule your request; however, adjustments may be necessary)

Step 3: At that time, the completed contract (attached) and a 50% deposit will be required to complete the process and confirm the date and schedule.

*Your point of contact is the Lead Salon Coordinator and/or the Team Lead!

BRIDAL SCHEDULE		
SERVICE	TIME NEEDED	Please note, these are 'typical' times. Hair must be clean and completely <u>dry</u> before arriving for up styles. Hair that is longer, thicker, or requires more intricate work, may take more time and an extra fee.
Special Occasion Style	(60 minutes)	
Shampoo & Style	(45 minutes)	
Make-Up Application	(30-45 minutes)	
Lashes		
Manicure	(45 minutes)	
Pedicure	(60 minutes)	

FEES AND PAYMENT SCHEDULE						
Guest Name	TOTAL SERVICE FEE	GUEST NAME	TOTAL SERVICE FEE			
Bride:		8				
2		9				
3		10				
4		11				
5		12				
6		13				
TOTAL SERVICE FEES:	GRATUITY: (20%)	GRAND TOTAL:	DEPOSIT AMOUNT (50%):	DATE PAID:	BALANCE DUE:	DUE DATE:
BRIDE:			TRIAL RUN DATE:		SERVICE PROVIDER:	
ADDRESS:			CITY:		ST/ZIP:	
EMAIL ADDRESS:		(H)	(C)			
AREA IN GRAY TO BE COMPLETED BY THE HAIR COMPANY						

1.	NAME:		ROLE IN WEDDING: BRIDE		SERVICE PROVIDER:
ADDRESS:			CITY:	ST/ZIP:	
EMAIL ADDRESS:		(H)	(C)	(W)	
HAIR LENGTH: <input type="radio"/> Above shoulders <input type="radio"/> Just past shoulders <input type="radio"/> 03-5" Past <input type="radio"/> Long			DENSITY: <input type="radio"/> Fine <input type="radio"/> Average <input type="radio"/> Thick		
TEXTURE: <input type="radio"/> Straight <input type="radio"/> Wavy <input type="radio"/> Curly		OTHER NOTES:			
AREA IN GRAY TO BE COMPLETED BY THE HAIR COMPANY					
PLEASE CHECK THE BOX FOR SERVICES REQUESTED		REQUIRED TIME:	APPOINTMENT:	SERVICE PROVIDER REQUESTED	
<input type="checkbox"/>	Special Occasion Style	(60 minutes)			
<input type="checkbox"/>	Shampoo & Style &/or iron	(30 minutes) Add 15 for iron work			
<input type="checkbox"/>	Make-Up Application	(30-45minutes)			
<input type="checkbox"/>	Lashes				
<input type="checkbox"/>	Manicure	(45 minutes)			
<input type="checkbox"/>	Pedicure	(60 minutes)			
TOTAL FEE DUE:					

2.	NAME:		ROLE IN WEDDING:		SERVICE PROVIDER:
ADDRESS:			CITY:	ST/ZIP:	
EMAIL ADDRESS:		(H)	(C)	(W)	
HAIR LENGTH: <input type="radio"/> Above shoulders <input type="radio"/> Just past shoulders <input type="radio"/> 03-5" Past <input type="radio"/> Long			DENSITY: <input type="radio"/> Fine <input type="radio"/> Average <input type="radio"/> Thick		
TEXTURE: <input type="radio"/> Straight <input type="radio"/> Wavy <input type="radio"/> Curly		OTHER NOTES:			
AREA IN GRAY TO BE COMPLETED BY THE HAIR COMPANY					
PLEASE CHECK THE BOX FOR SERVICES REQUESTED		REQUIRED TIME:	APPOINTMENT:	SERVICE PROVIDER REQUESTED	
<input type="checkbox"/>	Special Occasion Style	(60 minutes)			
<input type="checkbox"/>	Shampoo & Style &/or iron	(30 minutes) Add 15 for iron work			
<input type="checkbox"/>	Make-Up Application	(30-45minutes)			
<input type="checkbox"/>	Lashes				
<input type="checkbox"/>	Manicure	(45 minutes)			
<input type="checkbox"/>	Pedicure	(60 minutes)			
TOTAL FEE DUE:					

3.	NAME:		ROLE IN WEDDING:		SERVICE PROVIDER:
ADDRESS:			CITY:		ST/ZIP:
EMAIL ADDRESS:		(H)	(C)	(W)	
HAIR LENGTH: <input type="radio"/> Above shoulders <input type="radio"/> Just past shoulders 03-5" ^u Past <input type="radio"/> Long			DENSITY: <input type="radio"/> Fine <input type="radio"/> Average <input type="radio"/> Thick		
TEXTURE: <input type="radio"/> Straight <input type="radio"/> Wavy <input type="radio"/> Curly		OTHER NOTES:			
AREA IN GRAY TO BE COMPLETED BY THE HAIR COMPANY					
PLEASE CHECK THE BOX FOR SERVICES REQUESTED		REQUIRED TIME:	APPOINTMENT:	SERVICE PROVIDER REQUESTED	
<input type="checkbox"/>	Special Occasion Style	(60 minutes)			
<input type="checkbox"/>	Shampoo & Style &/or iron	(30 minutes) Add 15 for iron work			
<input type="checkbox"/>	Make-Up Application	(30-45minutes)			
<input type="checkbox"/>	Lashes				
<input type="checkbox"/>	Manicure	(45minutes)			
<input type="checkbox"/>	Pedicure	(60 minutes)			
TOTAL FEE DUE:					

4.	NAME:		ROLE IN WEDDING:		SERVICE PROVIDER:
ADDRESS:			CITY:		ST/ZIP:
EMAIL ADDRESS:		(H)	(C)	(W)	
HAIR LENGTH: <input type="radio"/> Above shoulders <input type="radio"/> Just past shoulders 03-5" ^u Past <input type="radio"/> Long			DENSITY: <input type="radio"/> Fine <input type="radio"/> Average <input type="radio"/> Thick		
TEXTURE: <input type="radio"/> Straight <input type="radio"/> Wavy <input type="radio"/> Curly		OTHER NOTES:			
AREA IN GRAY TO BE COMPLETED BY THE HAIR COMPANY					
PLEASE CHECK THE BOX FOR SERVICES REQUESTED		REQUIRED TIME:	APPOINTMENT:	SERVICE PROVIDER REQUESTED	
<input type="checkbox"/>	Special Occasion Style	(60 minutes)			
<input type="checkbox"/>	Shampoo & Style &/or iron	(30 minutes) Add 15 for iron work			
<input type="checkbox"/>	Make-Up Application	(30-45minutes)			
<input type="checkbox"/>	Lashes				
<input type="checkbox"/>	Manicure	(45 minutes)			
<input type="checkbox"/>	Pedicure	(60 minutes)			
TOTAL FEE DUE:					

5.	NAME:		ROLE IN WEDDING:		SERVICE PROVIDER:
ADDRESS:			CITY:		ST/ZIP:
EMAIL ADDRESS:		(H)	(C)	(W)	
HAIR LENGTH: <input type="radio"/> Above shoulders <input type="radio"/> Just past shoulders 03-5" <input type="radio"/> Past O Long			DENSITY: <input type="radio"/> Fine <input type="radio"/> Average <input type="radio"/> Thick		
TEXTURE: <input type="radio"/> Straight <input type="radio"/> Wavy <input type="radio"/> Curly		OTHER NOTES:			
AREA IN GRAY TO BE COMPLETED BY THE HAIR COMPANY					
PLEASE CHECK THE BOX FOR SERVICES REQUESTED		REQUIRED TIME:	APPOINTMENT:	SERVICE PROVIDER REQUESTED	
<input type="checkbox"/>	Special Occasion Style	(60 minutes)			
<input type="checkbox"/>	Shampoo & Style &/or iron	(30 minutes) Add 15 for iron work			
<input type="checkbox"/>	Make-Up Application	(30-45minutes)			
<input type="checkbox"/>	Lashes				
<input type="checkbox"/>	Manicure	(45 minutes)			
<input type="checkbox"/>	Pedicure	(60 minutes)			
TOTAL FEE DUE:					

6.	NAME:		ROLE IN WEDDING:		SERVICE PROVIDER:
ADDRESS:			CITY:		ST/ZIP:
EMAIL ADDRESS:		(H)	(C)	(W)	
HAIR LENGTH: <input type="radio"/> Above shoulders <input type="radio"/> Just past shoulders 03-5" <input type="radio"/> Past O Long			DENSITY: <input type="radio"/> Fine <input type="radio"/> Average <input type="radio"/> Thick		
TEXTURE: <input type="radio"/> Straight <input type="radio"/> Wavy <input type="radio"/> Curly		OTHER NOTES:			
AREA IN GRAY TO BE COMPLETED BY THE HAIR COMPANY					
PLEASE CHECK THE BOX FOR SERVICES REQUESTED		REQUIRED TIME:	APPOINTMENT:	SERVICE PROVIDER REQUESTED	
<input type="checkbox"/>	Special Occasion Style	(60 minutes)			
<input type="checkbox"/>	Shampoo & Style &/or iron	(30 minutes) Add 15 for iron work			
<input type="checkbox"/>	Make-Up Application	(30-45minutes)			
<input type="checkbox"/>	Lashes				
<input type="checkbox"/>	Manicure	(45 minutes)			
<input type="checkbox"/>	Pedicure	(60 minutes)			
TOTAL FEE DUE:					

7.	NAME:		ROLE IN WEDDING:		SERVICE PROVIDER:
ADDRESS:			CITY:		ST/ZIP:
EMAIL ADDRESS:		(H)	(C)	(W)	
HAIR LENGTH: <input type="radio"/> Above shoulders <input type="radio"/> Just past shoulders 03-5" Past <input type="radio"/> Long			DENSITY: <input type="radio"/> Fine <input type="radio"/> Average <input type="radio"/> Thick		
TEXTURE: <input type="radio"/> Straight <input type="radio"/> Wavy <input type="radio"/> Curly		OTHER NOTES:			
AREA IN GRAY TO BE COMPLETED BY THE HAIR COMPANY					
PLEASE CHECK THE BOX FOR SERVICES REQUESTED		REQUIRED TIME:	APPOINTMENT:	SERVICE PROVIDER REQUESTED	
<input type="checkbox"/>	Special Occasion Style	(60 minutes)			
<input type="checkbox"/>	Shampoo & Style &/or iron	(30 minutes) Add 15 for iron work			
<input type="checkbox"/>	Make-Up Application	(30-45minutes)			
<input type="checkbox"/>	Manicure	(45 minutes)			
<input type="checkbox"/>	Pedicure	(60 minutes)			
TOTAL FEE DUE:					

8.	NAME:		ROLE IN WEDDING:		SERVICE PROVIDER:
ADDRESS:			CITY:		ST/ZIP:
EMAIL ADDRESS:		(H)	(C)	(W)	
HAIR LENGTH: <input type="radio"/> Above shoulders <input type="radio"/> Just past shoulders 03-5" Past <input type="radio"/> Long			DENSITY: <input type="radio"/> Fine <input type="radio"/> Average <input type="radio"/> Thick		
TEXTURE: <input type="radio"/> Straight <input type="radio"/> Wavy <input type="radio"/> Curly		OTHER NOTES:			
AREA IN GRAY TO BE COMPLETED BY THE HAIR COMPANY					
PLEASE CHECK THE BOX FOR SERVICES REQUESTED		REQUIRED TIME:	APPOINTMENT:	SERVICE PROVIDER REQUESTED	
<input type="checkbox"/>	Special Occasion Style	(60 minutes)			
<input type="checkbox"/>	Shampoo & Style &/or iron	(30 minutes) Add 15 for iron work			
<input type="checkbox"/>	Make-Up Application	(30-45minutes)			
<input type="checkbox"/>	Lashes				
<input type="checkbox"/>	Manicure	(45minutes)			
<input type="checkbox"/>	Pedicure	(60 minutes)			
TOTAL FEE DUE:					