

Each person receiving services the day of your wedding must be listed below.

Bride's Name: _____ Cell Phone # _____

Makeup: Yes No

Hair Type: Fine Medium Coarse Curly

Hair Length: Short Medium Long Extra Long

Clip In Hair Extensions: Yes No ** Additional price to be determined*

Name: _____ Cell Phone # _____

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Hair Type: Fine Medium Coarse Curly

Hair Length: Short Medium Long Extra Long

Clip In Hair Extensions: Yes No ** Additional price to be determined*

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