

Francines *Makeup*.com

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Las Vegas, Nevada

Cellular (702) 808-1686

_____ : _____ am/pm
Call Time

_____ : _____ am/pm
Wedding Time

_____/_____/2003
Arrival Date

_____/_____/2003
Wedding Date

CONTACT:

BRIDE: _____

address: _____

city/state/zip: _____

phone: (_____) _____

Cellular: (_____) _____

fax: (_____) _____

e-mail: _____

REQUIREMENTS:

Makeup: _____

Hair: _____

Makeup & Hair: _____

Dressing Assistance: _____

Hair Length: Short Med Long

Blow Dry Head Piece

Circle, Tiara or 2 piece veils

APPT. TIME: _____ : _____ am/pm HOTEL _____ ROOM # _____

Floor: _____ Tower: _____ Wing: _____ Elevator: _____ Phone #: _____

Address: _____ Directions: _____

Chapel: _____ Referred By: _____

Services; **Bride:** Hair Makeup # people: _____ Hair # people: _____ Makeup

Names: _____

Services asking for: _____

PAYMENT INFORMATION:

Name on Credit Card: _____ Amount Billed: _____

Type: Visa Master Card American Express Discover Card Gift Certificate Cash

Expiration Date: ____/____/____ \$ Amount: _____ AUTHORIZATION: _____

Balance owed \$ _____ Payable in CASH at begining of Service.

CONFIRMATION: BRIDE: _____ DATE: _____ TIME: _____ am/pm

HOTEL/CHAPEL: _____ ROOM #: _____ FLOOR: _____ TOWER: _____