

Wedding Booking Form

Full Name

Contact Number

Email

Wedding Date Time

Time need to be ready by

Venue Address

Address of where you will be getting ready if different to Venue

Is there parking at the venue? Please state any restrictions/permits etc.

Who requires what services-

Role	Hair	Makeup	Trial Hair	Trial Makeup
Bride				
Bridesmaids				
Young Bridesmaids				
Mother of the Bride				
Mother of the Groom				
Flower Girls				
Others				

Please supply details of any known allergies, reactions to hair or makeup products, or skin allergies that any member of your party may have.

Is there any special requirements for anyone? e.g Vegan makeup

Are you happy for Alex Hair And Makeup to use your photos after your wedding day on Social Media sites and Website?

- Yes**
- No**

By signing this you agree that all information given is correct at the time of signing

Signature:

Print Name

Date:

