

Please fill out this form and return it to us as soon as possible. Thank you!

Wedding Date:	
Wedding Colors:	
Preferred Appt. Times:	
o VISA o MC CARD #:	Exp. Date:

BRIDE:

DESK USE ONLY

First:	Last:	Stylist:	PD:
Address:		Phone #:	
City, State, Zip Code:			

BRIDESMAIDS:

DESK USE ONLY

First:	Last:	Phone#:	PD:
First:	Last:	Phone#:	PD:
First:	Last:	Phone#:	PD:
First:	Last:	Phone#:	PD:
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First:	Last:	Phone#:	PD:
First:	Last:	Phone#:	PD:
First:	Last:	Phone#:	PD:

JR. BRIDESMAIDS & FLOWER GIRLS:

DESK USE ONLY

First:	Last:	Phone#:	PD:
First:	Last:	Phone#:	PD:
First:	Last:	Phone#:	PD:
First:	Last:	Phone#:	PD:

MOTHERS & GRANDMOTHERS:

DESK USE ONLY

First:	Last:	Phone#:	PD:
First:	Last:	Phone#:	PD:
First:	Last:	Phone#:	PD:
First:	Last:	Phone#:	PD:

PLEASE FILL OUT THIS FORM AND MAIL IT TO:

THE STUDIO WEDDING COORDINATOR