DATE OF WEDDING	DATE OF WEDDIN	DING										
-----------------	----------------	------	--	--	--	--	--	--	--	--	--	--

MoJo Hair Studio- Book Your Wedding Form

Bride Name		Bride Cell	#	
Alternate Contact Person		Cell#		
Desired "Enter the Salon" T	ime			
Desired "Out the Door" Tim	ne			
<u>List of Bridesmaids:</u>				
Name	Cell#	Updo	Down Style	Makeup
Name	Cell#	Updo	Down Style	Makeup
Name	Cell#	Updo	Down Style	Makeup
Name	Cell#	Updo	Down Style	Makeup
Name	Cell#	Updo	Down Style	Makeup
Name	Cell#	Updo	Down Style	Makeup
Name	Cell#	Updo	Down Style	Makeup
Name	Cell#	Updo	Down Style	Makeup
Name	Cell#	Updo	Down Style	Makeup
Name	Cell#	Updo	Down Style	Makeup
Mother of the Bride:				
Name	Cell#	Updo	Down Style	Makeup
Mother of the Groom:				
Name	Cell#	Updo	Down Style	Makeup
Flower Girls:				
Name	Cell#	Updo	Down Style	Makeup
Name	Cell#	Updo	Down Style	Makeup
Others:				
Name	Cell#	Updo	Down Style	Makeup
Name	Cell#	Updo	Down Style	Makeup

Would th	e Bride like to so	chedule a trial? Y/N	
Hair	Makeup	Desired Date Range	Preferred Stylist
Additiona	I Information:		
Salon Use	e Only:		
Stylist/Re	ceptionist Hand	dling Booking	
Date this	form was receiv	ved	
Date Boo	king was entere	ed in Calendar	
Date Boo	king was Confir	med with Bride	
Communi	ication Record:		
Date			
Reason			
Date			
Reason			
Date			
Date			

DATE OF WEDDING_____