

330 W. Lakeside St
Madison WI 53517



(608) 561-2264
info@bangmadison.com

Bride Contract

Please provide us with the following information to allow timely and appropriate reservation of your wedding day. If you have any questions please feel free to email or call. We look forward to getting to work with you on your big day!

Bride Information:

Name: _____

Address: _____

E-mail Address/phone number: _____

Preferred method of contact: _____

Wedding Information:

Wedding Date: _____

Wedding Location: _____

Time of Wedding: _____ Time of Photos: _____

Desired time to leave salon: _____

Number of Wedding Party Members Booked For Services: _____

Number of Additional Guests to Receive Services: _____

(MOG, MOB, Personal Attendants, Flower Girls, Other family Members)

Wedding Website (if applicable): _____

Any Additional Information: _____

Special Reminders For Guests:

If getting makeup done by our stylists, please mention any skin sensitivities on this form and bring products that will be ok for your skin.

Bridal Services:

Bridal Services Provided (check all that apply):

- Formal Style Clip-In Extension Purchase Clip-In Extension Application
 Makeup Application Airbrush False Eyelashes Application
 Trial Makeup Trial Formal Style

Members of Wedding Party & Guests Services:

Name & Length of Hair:
(approximate)

Position in Party/
Relationship to Bride

Services:
(check all that apply)

1. _____	1. _____	<input type="checkbox"/> Formal UpStyle <input type="checkbox"/> Formal DownStyle <input type="checkbox"/> Makeup <input type="checkbox"/> Airbrush <input type="checkbox"/> False Lashes
2. _____	2. _____	<input type="checkbox"/> Formal UpStyle <input type="checkbox"/> Formal DownStyle <input type="checkbox"/> Makeup <input type="checkbox"/> Airbrush <input type="checkbox"/> False Lashes
3. _____	3. _____	<input type="checkbox"/> Formal UpStyle <input type="checkbox"/> Formal DownStyle <input type="checkbox"/> Makeup <input type="checkbox"/> Airbrush <input type="checkbox"/> False Lashes
4. _____	4. _____	<input type="checkbox"/> Formal UpStyle <input type="checkbox"/> Formal DownStyle <input type="checkbox"/> Makeup <input type="checkbox"/> Airbrush <input type="checkbox"/> False Lashes
5. _____	5. _____	<input type="checkbox"/> Formal UpStyle <input type="checkbox"/> Formal DownStyle <input type="checkbox"/> Makeup <input type="checkbox"/> Airbrush <input type="checkbox"/> False Lashes
6. _____	6. _____	<input type="checkbox"/> Formal UpStyle <input type="checkbox"/> Formal DownStyle <input type="checkbox"/> Makeup <input type="checkbox"/> Airbrush <input type="checkbox"/> False Lashes
7. _____	7. _____	<input type="checkbox"/> Formal UpStyle <input type="checkbox"/> Formal DownStyle <input type="checkbox"/> Makeup <input type="checkbox"/> Airbrush <input type="checkbox"/> False Lashes
8. _____	8. _____	<input type="checkbox"/> Formal UpStyle <input type="checkbox"/> Formal DownStyle <input type="checkbox"/> Makeup <input type="checkbox"/> Airbrush <input type="checkbox"/> False Lashes
9. _____	9. _____	<input type="checkbox"/> Formal UpStyle <input type="checkbox"/> Formal DownStyle <input type="checkbox"/> Makeup <input type="checkbox"/> Airbrush <input type="checkbox"/> False Lashes
10. _____	10. _____	<input type="checkbox"/> Formal UpStyle <input type="checkbox"/> Formal DownStyle <input type="checkbox"/> Makeup <input type="checkbox"/> Airbrush <input type="checkbox"/> False Lashes
11. _____	11. _____	<input type="checkbox"/> Formal UpStyle <input type="checkbox"/> Formal DownStyle <input type="checkbox"/> Makeup <input type="checkbox"/> Airbrush <input type="checkbox"/> False Lashes
12. _____	12. _____	<input type="checkbox"/> Formal UpStyle <input type="checkbox"/> Formal DownStyle <input type="checkbox"/> Makeup <input type="checkbox"/> Airbrush <input type="checkbox"/> False Lashes

Additional Comments/Special Requests: _____
