Service Date:_____ Starting Time:_____

SARA & ODETE

www.saraodete.com ❖ info@saraodete.com
Salon: 516.409.5874 ❖ Mobile: 917.664.3894

INFORMATION of BRIDE:

Bride's Name: _____ **Wedding Service Date:** _____

Mobile Phone Number of Bride: _____ **Home Phone Number of Bride:** _____

Email Address: _____

Wedding Planner/ Emergency Name & Contact Info: _____

Location of Services: _____

_____

Date of Trial: _____ **Location of Trial:** New Beginnings Salon

INFORMATION of WEDDING:

Time the Bride & Guests need to be Start: _____ **Time the Bride & Guests need to be done:** _____

Pictures Prior to Wedding? ☐ Yes ☐ No **If yes, what is Photographer arrival time:** _____

Total number of attendants for Makeup: _____

SERVICE DETAILS

MAKEUP DETAILS	NOTES: *Special Requests, Allergies, Sensitivities, Contacts and anything makeup artist should know regarding Makeup Application*
BRIDE NAME:	
BRIDAL PARTY:	
Name & Roll:	
Name & Roll:	
Name & Roll:	
Name & Roll:	
Name & Roll:	
Name & Roll:	
Name & Roll:	
Name & Roll:	