Leslie Mitchell
SALON & CO

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Bridal Booking Contract

Bride's Name:_____

Address:_____

E-mail: _____

Contact Number:_____

Wedding Information

Wedding Date:_____

Ceremony Time: _____

Time in which services will be performed:_____

Location where bridal party and Artist will meet for services:_____

_____

Time bride and wedding party needs to be finished:_____

Alternate/ Authorized Contact Name:_____

Alternate/Authorized Contact Number: _____

Alternate/Authorized Email:_____

Signatures

Bride Signature:_____

Artist Signature: _____

Date Signed:_____