



19045 W Capitol Dr., Suite 103
Brookfield, WI 53045
1.262.373.0005

OFF BROADWAY SALON Bridal Worksheet

Salon Use Only

Received VIP Bridal Card
 Appointments booked

Date: _____
 By: _____

_____ Date and time of Wedding

_____ Bride's Name

*Off Broadway Salon's Bridal Contract must be completed before your appointments will be scheduled.

Brides Married Name will be: _____ Referred By: _____

Bride's Address: _____

Phone Number: (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Local Contact (if bride is from out of town): _____ Phone Number (____) _____

Please Check One:

IN SALON SERVICES

TIME SCHEDULE

We wish to start at: _____

We need to be done by: _____

ON LOCATION SERVICES

TIME SCHEDULE

We wish to start at: _____

We need to be done by: _____

OR

*On location mileage charge: \$50.00 (Additional charge will be added for Locations further than 25 miles from Off Broadway Salon.)

How many in your Bridal Party? _____

Location of Services: _____

*Please attach directions.

Photography Time: _____ Location: _____

How many in your Bridal Party? _____

BRIDE'S SERVICES

SERVICES: Circle all that Apply
 Long Up-do / Long Style / Short Style

HAIR

NAILS Day: _____
 Manicure / Enhancements

MAKE-UP
 Yes / No

Requested Stylist: _____

Requested Style: _____

Appointment Scheduled: Practice

Hair _____ Make Up _____ Nails _____

Wedding Day

Appointment Scheduled: Hair _____ Make Up _____ Nails _____

Name: _____ Child? _____

Address: _____

Phone Number: (____) _____

SERVICES: Circle all that Apply HAIR NAILS Day: _____ MAKE-UP
Long Up-do / Long Style / Short Style Manicure / Enhancements Yes / No

Requested Stylist: _____

Requested Style: _____

Appointment Scheduled: Hair _____ Make Up _____ Nails _____

Name: _____ Child? _____

Address: _____

Phone Number: (____) _____

SERVICES: Circle all that Apply HAIR NAILS Day: _____ MAKE-UP
Long Up-do / Long Style / Short Style Manicure / Enhancements Yes / No

Requested Stylist: _____

Requested Style: _____

Appointment Scheduled: Hair _____ Make Up _____ Nails _____

Name: _____ Child? _____

Address: _____

Phone Number: (____) _____

SERVICES: Circle all that Apply HAIR NAILS Day: _____ MAKE-UP
Long Up-do / Long Style / Short Style Manicure / Enhancements Yes / No

Requested Stylist: _____

Requested Style: _____

Appointment Scheduled: Hair _____ Make Up _____ Nails _____

Name: _____ Child? _____

Address: _____

Phone Number: (____) _____

SERVICES: Circle all that Apply HAIR NAILS Day: _____ MAKE-UP
Long Up-do / Long Style / Short Style Manicure / Enhancements Yes / No

Requested Stylist: _____

Requested Style: _____

Appointment Scheduled: Hair _____ Make Up _____ Nails _____

Name: _____ Child? _____

Address: _____

Phone Number: (____) _____

SERVICES: *Circle all that Apply* HAIR NAILS Day: _____ MAKE-UP
Long Up-do / Long Style / Short Style Manicure / Enhancements Yes / No

Requested Stylist: _____

Requested Style: _____

Appointment Scheduled: Hair _____ Make Up _____ Nails _____

Name: _____ Child? _____

Address: _____

Phone Number: (____) _____

SERVICES: *Circle all that Apply* HAIR NAILS Day: _____ MAKE-UP
Long Up-do / Long Style / Short Style Manicure / Enhancements Yes / No

Requested Stylist: _____

Requested Style: _____

Appointment Scheduled: Hair _____ Make Up _____ Nails _____

Name: _____ Child? _____

Address: _____

Phone Number: (____) _____

SERVICES: *Circle all that Apply* HAIR NAILS Day: _____ MAKE-UP
Long Up-do / Long Style / Short Style Manicure / Enhancements Yes / No

Requested Stylist: _____

Requested Style: _____

Appointment Scheduled: Hair _____ Make Up _____ Nails _____

Name: _____ Child? _____

Address: _____

Phone Number: (____) _____

SERVICES: *Circle all that Apply* HAIR NAILS Day: _____ MAKE-UP
Long Up-do / Long Style / Short Style Manicure / Enhancements Yes / No

Requested Stylist: _____

Requested Style: _____

Appointment Scheduled: Hair _____ Make Up _____ Nails _____

Name: _____ Child? _____

Address: _____

Phone Number: (____) _____

SERVICES: *Circle all that Apply* HAIR NAILS Day: _____ MAKE-UP
Long Up-do / Long Style / Short Style Manicure / Enhancements Yes / No

Requested Stylist: _____

Requested Style: _____

Appointment Scheduled: Hair _____ Make Up _____ Nails _____

Name: _____ Child? _____

Address: _____

Phone Number: (____) _____

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Long Up-do / Long Style / Short Style Manicure / Enhancements Yes / No

Requested Stylist: _____

Requested Style: _____

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Requested Style: _____

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Address: _____

Phone Number: (____) _____

SERVICES: *Circle all that Apply* HAIR NAILS Day: _____ MAKE-UP
Long Up-do / Long Style / Short Style Manicure / Enhancements Yes / No

Requested Stylist: _____

Requested Style: _____

Appointment Scheduled: Hair _____ Make Up _____ Nails _____