

# Hair & Make Up

## Hair:

Company Name:	Cost:	
Contact Name:		
Address:		
Phone:	Email:	
Hair Colour/Cut:	Date:	Time:
Hair Style w/ Head Piece:	Date:	Time:
Hair (Wedding Day):	Date:	Time:
Notes:		

## Make Up:

Company Name:	Cost:	
Contact Name:		
Address:		
Phone:	Email:	
Make Up Consultation:	Date:	Time:
Make Up (Wedding Day)	Date:	Time:
Notes:		

## Manicure / Pedicure:

Company Name:	Cost:	
Contact Name:		
Address:		
Phone:	Email:	
Date:	Time:	
Notes:		

## Massage:

Company Name:	Cost:	
Contact Name:		
Address:		
Phone:	Email:	
Date:	Time:	
Notes:		

## Other:

Company Name:	Cost:
Contact Name:	
Address:	
Phone:	Email:
Date:	Time: