**Thomas Scott Salon & Spa**

Brides Name: _____ Phone #: _____
Contact Person: _____ Phone #: _____
(if different than the Bride)

Wedding date & time: _____

Time you want to arrive at salon: _____
Time you want to leave the salon: _____

| Name & phone # Must have a # | Title in Party | Date/Time Needed | Service(s) Requested (updo/style/nails/make up) | Technician Requested |
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***I, _____, understand that my credit card will be charged 50% of the cost of scheduled services if I or anyone in my party fails to show up or we cancel less than 24 hour before scheduled time.***

***Name:*** _____
***Credit Card #*** _____ ***Expiration Date:*** _____
***Billing Address of Card:*** _____
***Signature:*** _____ ***Date***