

EVENT SCHEDULING FORM

SIGNATURE: _____ DATE SIGNED: _____

FULL NAME:	
ADDRESS:	
CITY STATE ZIP:	
PHONE#:	
EMAIL:	

WEDDING	BIRTHDAY	QUINCEANERA	PARTY	BABY/BRIDAL SHOWER
PROM	HOMECOMING	GRADUATION	SCHOOL EVENT	
BRIDAL/ENGAGEMENT PHOTOS		FAMILY PHOTOS	MODELING PHOTOS	SR. PHOTOS
OTHER: _____				

SERVICES NEEDED: MAKEUP ONLY MAKEUP & HAIR HAIR ONLY

HOW MANY PEOPLE NEED: MAKEUP- HAIR-

NAME	TITLE	SERVICE (H , M, B)
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EVENT DATE: _____ VENUE: _____ LOCATION: _____

START TIME: _____ END TIME: _____ ASSISTS: _____

MAKEUP TRIAL: _____ HAIR TRIAL: _____ LOCATION: _____