



MICHELE'S SALON + DAY SPA

BRIDAL APPOINTMENT REQUEST FORM

NAME SPECIFIC SERVICES DESIRED IN EACH CATEGORY

PARTY NAMES • HAIR • MAKE-UP • NAILS • SPA • WAX

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

54 Stockbridge Road • Great Barrington, MA 01230

www.michelessalon.com • (413) 528-9999 • Fax (413) 528-9445



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BRIDAL INFORMATION & CONTACT

Bride's Name: _____ Day: _____ Date: _____ Time of Wedding: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: (Day) _____ (Evening) _____

Tel: (Local) _____ (Cell) _____

Local Address or Hotel: _____

MasterCard/Visa (circle one) Card No: _____ Exp. Date: _____

Required to secure appointments. (No exceptions) 25% Down non-refundable.

Name as it appears on Card: _____

Please advise us of any changes as soon as possible. **NOTE:** The changes and substitutions of scheduled appointments may not always be met. Cancellations must be received 48 hours prior to a scheduled appointment. Any cancellations received within 48 hours as a scheduled appointment will be billed accordingly.

All prices shown herein are estimated prices; any adjustments will be made upon completion of the service. Additional charges for off-site service. ***Gratuities are not included.***

For your convenience, it is strongly advised to wear a ***button-down shirt***, if hair or makeup will be done. In addition, anyone obtaining an up-do should have ***clean, dry hair***.

Please note: Based on our experience, trial runs on hair and make-up are strongly recommended. Take advantage of this appointment for your pre-bridal photos or rehearsal dinner.

Your are responsible for changes and/or cancellations for all of your wedding party. All changes must be made through the wedding coordinator only!

I have read and understand the cancellation and refund policy. Any cancellations of scheduled appointments must be received 48 hours prior to the date of service. We reserve the right to retain payment if our cancellation policy is not adhered to or if appointment is not kept.

Signature: _____

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