

bridal form

Contact Name and Phone: _____

Address: _____

Bride's Name and Phone: _____

Address: _____

Date of Wedding: _____

Time of Wedding: _____

Location of Wedding: _____

Need to Leave Nicholas J. Salon by: _____

Email address: _____

Credit Card to hold reservation (please circle): MC VISA

Card # _____ Expiration date _____

PLEASE COMPLETE AND RETURN TO:

Nicholas J. Salon & Spa
c/o Sonia Stancombe
122 South Michigan Street Suite 110
South Bend, Indiana 46601
Phone: 574.233.5544
Fax: 574.233.5484
E-mail: Nicholasjsalon@sbcglobal.net

Members of Wedding Party and Exact Services Needed:

Name	Position in Party	Services
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

NOTES:

I have reviewed and agree to all the conditions for payment and cancellation.

Signature _____

