

Mosaic Salon & Day Spa

508 Broad Street Shrewsbury, NJ 07702
Tel: (732) 530-7666 Fax: (732) 530-6344
www.mosaicsalondayspa.com

Bridal Registration Form

Bride Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

Mailing Address: _____

Email Address: _____

Date of Wedding: _____

Time of Wedding: _____

Location of Wedding: _____

Time you would like
To be out of Salon by: _____

Mosaic Salon & Spa Bride Coordinator:

Name: _____ Phone # _____

Meeting Date: _____

Date of Trial: _____

Please note that deposit for Bridal Packages is due the day of the trials.

Comments: _____

Please list girls in wedding and check off what services each will having done.

Bride: First Name: _____ Last Name: _____

- Hair –Long or Short (please Circle)
 - Up do/ Partial
 - Formal Style Down
 - Wash and Blow Dry Only (remember to bring head peace)
- Make-up
- Manicure
- Pedicure
- Eyelash extension (permanent or temporarily)**see form**
- Hair extension (permanent or temporarily)**see form**
- Trial Run Hair - Trial Run Make-up: Date for trial run _____
- Do you prefer a certain technician? Name: _____

Additional Notes: _____

Comp.15min chair massage (neck & shoulders) by request.

Mother of the Bride: First Name: _____ Last Name: _____

- Hair –Long or Short (please Circle)
 - Up do/ Partial
 - Formal Style Down
 - Wash and Blow Dry Only (remember to bring head peace)
- Make-up
- Manicure
- Pedicure
- Eyelash extension (permanent or temporarily)**see form**
- Hair extension (permanent or temporarily)**see form**
- Trial Run Hair - Trial Run Make-up: Date for trial run _____
- Do you prefer a certain technician? Name: _____

Additional Notes: _____

Comp.15min chair massage (neck & shoulders) by request.

Mother of the Groom: First Name : _____ Last Name: _____

- Hair –Long or Short (please Circle)
 - Up do/ Partial
 - Formal Style Down
 - Wash and Blow Dry Only (remember to bring head peace)
- Make-up
- Manicure
- Pedicure
- Eyelash extension (permanent or temporarily)**see form**
- Hair extension (permanent or temporarily)**see form**
- Trial Run Hair - Trial Run Make-up: Date for trial run _____
- Do you prefer a certain technician? Name: _____

Additional Notes: _____

Comp.15min chair massage (neck & shoulders) by request.

Attendant 1:

First Name: _____

Last Name: _____

- Hair –Long or Short (Please Circle)
 - Up-do/Partial
 - Formal Style Down
 - Wash and Blow Dry Only
- Make-up
- Manicure
- Pedicure

Additional Notes: _____

Attendant 2:

First Name: _____

Last Name: _____

- Hair –Long or Short (Please Circle)
 - Up-do/Partial
 - Formal Style Down
 - Wash and Blow Dry Only
- Make-up
- Manicure
- Pedicure

Additional Notes: _____

Attendant 3:

First Name: _____

Last Name: _____

- Hair –Long or Short (Please Circle)
 - Up-do/Partial
 - Formal Style Down
 - Wash and Blow Dry Only
- Make-up
- Manicure
- Pedicure

Additional Notes: _____

Attendant 4:

First Name: _____

Last Name: _____

- Hair –Long or Short (Please Circle)
 - Up-do/Partial
 - Formal Style Down
 - Wash and Blow Dry Only
- Make-up
- Manicure
- Pedicure

Additional Notes: _____

Attendant 5:

First Name: _____

Last Name: _____

- Hair –Long or Short (Please Circle)
 - Up-do/Partial
 - Formal Style Down
 - Wash and Blow Dry Only
- Make-up
- Manicure
- Pedicure

Additional Notes: _____

Attendant 6:

First Name: _____

Last Name: _____

- Hair –Long or Short (Please Circle)
 - Up-do/Partial
 - Formal Style Down
 - Wash and Blow Dry Only
- Make-up
- Manicure
- Pedicure

Additional Notes: _____

<p>Attendant 7:</p> <p>First Name: _____ Last Name: _____</p> <ul style="list-style-type: none"> <input type="radio"/> Hair –Long or Short (Please Circle) <ul style="list-style-type: none"> <input type="radio"/> Up-do/Partial <input type="radio"/> Formal Style Down <input type="radio"/> Wash and Blow Dry Only <input type="radio"/> Make-up <input type="radio"/> Manicure <input type="radio"/> Pedicure <p>Additional Notes: _____ _____ _____</p>	<p>Attendant 8:</p> <p>First Name: _____ Last Name: _____</p> <ul style="list-style-type: none"> <input type="radio"/> Hair –Long or Short (Please Circle) <ul style="list-style-type: none"> <input type="radio"/> Up-do/Partial <input type="radio"/> Formal Style Down <input type="radio"/> Wash and Blow Dry Only <input type="radio"/> Make-up <input type="radio"/> Manicure <input type="radio"/> Pedicure <p>Additional Notes: _____ _____ _____</p>
<p>Attendant 9:</p> <p>First Name: _____ Last Name: _____</p> <ul style="list-style-type: none"> <input type="radio"/> Hair –Long or Short (Please Circle) <ul style="list-style-type: none"> <input type="radio"/> Up-do/Partial <input type="radio"/> Formal Style Down <input type="radio"/> Wash and Blow Dry Only <input type="radio"/> Make-up <input type="radio"/> Manicure <input type="radio"/> Pedicure <p>Additional Notes: _____ _____ _____</p>	<p>Attendant 10:</p> <p>First Name: _____ Last Name: _____</p> <ul style="list-style-type: none"> <input type="radio"/> Hair –Long or Short (Please Circle) <ul style="list-style-type: none"> <input type="radio"/> Up-do/Partial <input type="radio"/> Formal Style Down <input type="radio"/> Wash and Blow Dry Only <input type="radio"/> Make-up <input type="radio"/> Manicure <input type="radio"/> Pedicure <p>Additional Notes: _____ _____ _____</p>

Please note that deposit for Bridal Packages is due the day of the trials

Good luck with planning and thank you in advance.

Bride Signature: _____ **Date:** _____

Comments:

Service and Security Deposit Agreement

First & Last Name	Services	Total	Deposit	Balance
Grand Total				

Terms and Conditions:

Because our services are reserved especially for you, as a courtesy to others, we ask for a 24 hour cancellation notice for any single service and a 48 hour cancellation notice for multiple services or spa packages. If **one** person is paying a deposit they are responsible for the **entire** party. A 50% deposit is required for each guest. If at least 48 hour cancellation notice is not given or a member does not attend their appointment, their deposit will be retained.

Credit Card Information:

Visa ___ Master Card ___ Amex ___ Discover ___

Credit Card # _____ Exp. Date: ___ / ___ / ___

Name on the Card _____ Authorized Amount _____

Signature _____

Other Payment Options

Cash: Amount _____

Check # _____ Amount _____