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Please fill out the following questionnaire prior to our meeting so that we may better understand your wedding day needs and be able to meet your expectations. Thank you.

Name	Date	
Address		
	State	
	Emaíl	
Date of Wedding	Time of Wedding	5
YOUR PERFECT DAY		
Where is the location of your	wedding?	
Indoors or outdoors?	Colors?	~~~~~~~~~~
	ssical,Glam,Romantic,Natu	
Flower Colors?		
BRIDE INFORMATION		
What facial feature would you	consider to be your best asset?	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Most would classify you as	_Classical,Trendy,Sophisticat	ed,Natural
What is the style and color of	your gown?	
How will your hair be styled?_		~~~~~~~
	you be needing anything on your skin	
What makeup style would you	ı like?(photos are helpful)	

BRIDAL PARTY

How many persons will need makeup?
BridesmaidsMother of the Bride Mother of the GroomOther
How many will need hair?
BridesmaidsMother of the BrideMother of the GroomOther
How many will need lashes?
What colors will be worn by the bridesmaids?
Mother of the Bride?Mother of the Groom?
Is one person paying for the bridal party or will everyone be paying separately?
OTHER SERVICES
Would you be interested in any of the following to help you prepare for your wedding day?
Skincare treatments includingfacials,back facials,facial peels
Brow design and maintenanceHaircolor,Haircuts,Hair treatments
Hair removal:Arms,Bikini area,under arms,legs,Face
Anything else you would like us to know, any comments, or preferences: