

# GRAEBER & COMPANY

## WEDDING QUESTIONNAIRE

TO BETTER ASSIST YOU ON YOUR VERY IMPORTANT DAY, WE ASK YOU TO LIST THE NAMES OF THE PEOPLE IN YOUR WEDDING PARTY, CHECK THE DESIRED SERVICES AND WRITE IN NAME OF PREFERRED SERVICE PROVIDER.

Wedding Date: \_\_\_\_\_ Finish Time: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Credit Card Number and Expiration Date: \_\_\_\_\_

Bride: \_\_\_\_\_

Consultation Date: \_\_\_\_\_

- Hair: \_\_\_\_\_
- Makeup: \_\_\_\_\_
- Facial: \_\_\_\_\_
- Manicure: \_\_\_\_\_
- Pedicure: \_\_\_\_\_
- Massage: \_\_\_\_\_

Mother of Bride: \_\_\_\_\_

- Hair: \_\_\_\_\_
- Makeup: \_\_\_\_\_
- Facial: \_\_\_\_\_
- Manicure: \_\_\_\_\_
- Pedicure: \_\_\_\_\_
- Massage: \_\_\_\_\_

Bridesmaid: \_\_\_\_\_

- Hair: \_\_\_\_\_
- Makeup: \_\_\_\_\_
- Facial: \_\_\_\_\_
- Manicure: \_\_\_\_\_
- Pedicure: \_\_\_\_\_
- Massage: \_\_\_\_\_

Bridesmaid: \_\_\_\_\_

- Hair: \_\_\_\_\_
- Makeup: \_\_\_\_\_
- Facial: \_\_\_\_\_
- Manicure: \_\_\_\_\_
- Pedicure: \_\_\_\_\_
- Massage: \_\_\_\_\_

Bridesmaid: \_\_\_\_\_

- Hair: \_\_\_\_\_
- Makeup: \_\_\_\_\_
- Facial: \_\_\_\_\_
- Manicure: \_\_\_\_\_
- Pedicure: \_\_\_\_\_
- Massage: \_\_\_\_\_

Groom: \_\_\_\_\_

Haircut: \_\_\_\_\_

Manicure: \_\_\_\_\_

Massage: \_\_\_\_\_

Best Man: \_\_\_\_\_

Haircut: \_\_\_\_\_

Best Man: \_\_\_\_\_

Haircut: \_\_\_\_\_

Best Man: \_\_\_\_\_

Haircut: \_\_\_\_\_

Mother of Groom: \_\_\_\_\_

Hair: \_\_\_\_\_

Makeup: \_\_\_\_\_

Facial: \_\_\_\_\_

Manicure: \_\_\_\_\_

Pedicure: \_\_\_\_\_

Massage: \_\_\_\_\_

Please fax (208)-343-0641 or deliver this form as soon as possible. Availability of appointment times is limited. Major credit cards are accepted to reserve your appointments. Notice of cancellation or rescheduling for any appointment with in the party is required 7 days prior. **A cancellation fee of 50% of cost of service/s** will be charged to the contact's credit card.

**I have read and understand the terms above and authorize the above credit card number/expiration date for payment of cancellation fees or any party members' services.**

**Contact Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_