

Mosaic Wellness & Beauty

www.mosaicsalonspa.com

Bridal Registration Form

Choose one of our locations for your Bridal Event

Mosaic of Tinton Falls
1201 Sycamore Ave.
Tinton Falls NJ 07724

Mosaic of Woodbridge
410 Amboy Ave.
Woodbridge NJ 07095

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 Wellness & Beauty Bride Coordinator:

(Will be filled out by coordinator)

Name: _____ Phone # _____

Meeting Date: _____ Meeting Time: _____

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
- 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: _____

Attendant 7:

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 8:

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 9:

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 10:

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: _____

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: _____

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 _____