

DeMonteWeddingsOrlando.com

REQUEST FOR WEDDING SERVICES AGREEMENT

Bride Name: _____ **Date of request:** _____

Phone: _____ **Email:** _____

Date and time of Wedding: _____

Venue of Wedding: _____

of Hair Services: _____ **# of Make Up Services:** _____

Will hair extensions need to be installed? _____ **approx.#** _____

Will eye lashes need to be applied? _____ **approx.#** _____

Other requests: _____

Thank you for this opportunity to share in your Very Special Day!

Please print this and email to: DeMonteWeddings@gmail.com

Please call or text Joanne @ 352-346-5556 with any questions.