

Bridal Preview Profile

Bride's Name: _____ Wedding Date/Time: _____

Home Phone: _____ Cell : _____ Email: _____

How did you hear about us? _____

If a referral, who do we have to thank for the referral? _____

Would you like to be added to our email list to receive special offers and news on upcoming events? Yes No
(Please be ensured that we will not share your email with others and will not inundate you with constant emails!)

General Information

Wedding Location: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>
Location where hair and/or makeup services will be performed:
On-site contact person and phone #:
What is the look and feel of your wedding (i.e., formal, modern, romantic, vintage)?
Describe your dress (including color):
What type and color are your flowers?

Bridal Hair

Do you have a particular hairstyle in mind? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
Are you adding hair extensions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
Do you want a blow dry? Yes <input type="checkbox"/> No <input type="checkbox"/>

Hair Makeup Cosmetics Skincare

888.979.2221 949.922.8509

info@twotoneumbrella.com www.twotoneumbrella.com

Bridal Hair—continued

Would you like your hair: All up <input type="checkbox"/> Half up and half down <input type="checkbox"/> Low chignon <input type="checkbox"/> Textured <input type="checkbox"/> Smooth <input type="checkbox"/> Soft curl <input type="checkbox"/> Fullness <input type="checkbox"/> Structured <input type="checkbox"/> Side part <input type="checkbox"/> Left part <input type="checkbox"/> Right Part <input type="checkbox"/> No part <input type="checkbox"/>	
Any absolute do's and/or don'ts for your hair? Please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you changing your hairstyle for the reception: If yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a regular hair stylist?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get regular haircuts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had your hair colored? If yes, has it been full color or highlights?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many of your bridesmaids' hair length are: Short ____ Shoulder ____ Long ____ Extra Long ____	

Bridal Skin

What type of skincare line do you use?	
Do you use moisturizer, toner, and/or eye creams?	
Do you have dry, oily, or combination skin?	
Are you using any skin medications? If yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you waxed your eyebrows and/or upper lip before? If yes, have you had any irritation? Please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wear contact lenses or glasses? If yes, what will you wear on your wedding day?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you going to tan before your wedding day?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an esthetician you see regularly*? If yes, will he/she be helping you get your skin ready for your wedding day?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>* Please avoid facials a week or two before your wedding. This will help avoid serious reactions, breakouts, or chemical burns.</i>	

Bridal Makeup

How much makeup do you wear on a daily basis? What colors do you wear?	None <input type="checkbox"/>	Very little <input type="checkbox"/>	Full face <input type="checkbox"/>
Are you allergic to any makeup products? If yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have a particular look for your makeup in mind? If yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Would you like detailed eye and lighter lip color? OR Would you like natural eye and darker lip color?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you interested in false lashes?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you interested in airbrush foundation?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any absolute do's and/or don'ts for your makeup? If yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Bride's Signature: _____ Date: _____

TwoToneUmbrella Representative: _____ Date: _____