



KISS BY KATIE

makeup + hair

Client Name: _____

Cell _____ Email: _____

Mailing Address: _____

Event Occasion: _____ Event Date: _____

Venue Name & Address:

Prep Address (if different from venue):

Time of arrival at prep venue: _____ Event Start Time: _____

Time Client MUST be ready: _____ Time others MUST be ready: _____

What is your ideal style for your appointment? _____

How did you hear about Kiss by Katie? _____

Please list your vendors:

WEDDING PLANNER: _____ FLORIST: _____

PHOTOGRAPHER: _____ VIDEOGRAPHER: _____

TOTAL NUMBER OF SERVICES:

TRIAL MAKEUP: _____

ATTENDANT MAKEUP: _____

TRIAL HAIR: _____

ATTENDANT HAIR: _____

{DAY OF} BRIDAL MAKEUP: _____

OTHER: _____

{DAY OF} BRIDAL HAIR: _____

(flower girls, extensions, tattoo cover-up)

What kind of music do you like listening to? _____

(We want to make sure we create the perfect playlist for you to get ready to!)

Drop us your Instagram handle so we can make it official! _____