



WEDDING FORM

FOR THE SOON-TO-BE BRIDE!

Congratulations on your engagement!

Thank you for choosing Classic Impressions Salon to celebrate your special day! We understand all of the hard work and meticulous planning that goes into making your day a true success.

Our artistic team also knows that the way you look and feel on that day is directly related to your beauty experiences prior to the big event.

We look forward to helping you achieve the best experience for one of the most special days of your life!

KEELEIGH CHAMBERLIN
WEDDING COORDINATOR

HAIR STYLISTS

Tressa Klassen
Coralee Warkentin
Emily Fast
Jazlyn Unger - Starting August 2024

PRICES

Hair Styles: \$30-\$75
(depends on hair length, thickness and desired style)

Extensions: \$20
(Clients provide their own extensions)

~ *Wedding Trials are an additional cost*
~ *All prices subject to change*

IMPORTANT THINGS TO NOTE

Travel Fee: \$125/stylist

An additional fee of \$1.00/km will be charged when travelling further than 50km from Classic Impressions Salon.

Cancellation Policy: If you choose to cancel your appointment times with us within two weeks prior to your wedding date, we will charge 50% of the services to your credit card.

The earliest start time for our stylists that are doing hair is 8:00am

Stylists are not available for Sunday weddings.

Any comments or concerns, you can email me directly at classiciweddings@gmail.com

**PLEASE COMPLETE THE FOLLOWING QUESTIONS AND RETURN TO US
AT YOUR EARLIEST CONVENIENCE.**

(please note, your wedding date is NOT reserved with us until we receive your completed wedding form)

Brides Name _____

Date of Wedding _____ Phone (cell) _____

Email _____

Will you want us 'in salon' _____ or 'on site' _____

'on site' address _____

Requested Trial Date _____ Requested Finish Time _____

NAMES AND HAIR INFORMATION OF ATTENDANTS:

*(please specify if anyone has natural curl they would like to use for their style
or if anyone will be providing their own hair extensions)*

Name & Position in party <i>(please include last names)</i>	Hair Length & Thickness			Requested Stylist	
_____	Short Med Long	___ ___ ___	Fine Med Thick	___ ___ ___	_____
_____	Short Med Long	___ ___ ___	Fine Med Thick	___ ___ ___	_____
_____	Short Med Long	___ ___ ___	Fine Med Thick	___ ___ ___	_____
_____	Short Med Long	___ ___ ___	Fine Med Thick	___ ___ ___	_____
_____	Short Med Long	___ ___ ___	Fine Med Thick	___ ___ ___	_____
_____	Short Med Long	___ ___ ___	Fine Med Thick	___ ___ ___	_____
_____	Short Med Long	___ ___ ___	Fine Med Thick	___ ___ ___	_____
_____	Short Med Long	___ ___ ___	Fine Med Thick	___ ___ ___	_____

THIS IS TO RESERVE YOUR SPECIFIED DATE:

(NOTE: NOTHING WILL BE CHARGED TO YOUR CARD WITHOUT CONFIRMING WITH YOU FIRST)

Credit Card # _____ Expiry Date _____ CVC _____

Signature _____ Date _____