

INDIRA SALON & SPA BRIDAL APPLICATION

Circle location: Green Bay, Appleton, Park Ridge or Lake Geneva **Wedding Date:** _____

Approx. time to begin: 8am or 10am (circle one)

BRIDE INFORMATION

Date Application received: _____

NAME (Last Name) (First Name)	ADDRESS	
CITY,STATE,ZIP	HOME PHONE	CELL OR WORK PHONE (circle one)

SERVICES (Please specify hair style-Up-do or Short/Style):

STYLIST REQUESTED	DATE PRACTICE APPT NEEDED?	SERVICES NEEDED PRIOR TO WEDDING (color, facial, waxing, nails, massage, etc.)
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ATTENDANTS (MUST BE COMPLETELEY FILLED OUT BEFORE APPLICATION IS ACCEPTED)

NAME	ADDRESS	
CITY,STATE,ZIP	HOME PHONE	CELL OR WORK PHONE (circle one)
SERVICES (Please specify hair style-Up-do or Short/Style):		POSITION IN WEDDING

NAME	ADDRESS	
CITY,STATE,ZIP	HOME PHONE	CELL OR WORK PHONE (circle one)
SERVICES (Please specify hair style-Up-do or Short/Style):		POSITION IN WEDDING

NAME	ADDRESS	
CITY,STATE,ZIP	HOME PHONE	CELL OR WORK PHONE (circle one)
SERVICES (Please specify hair style-Up-do or Short/Style):		POSITION IN WEDDING

NAME	ADDRESS	
CITY,STATE,ZIP	HOME PHONE	CELL OR WORK PHONE (circle one)
SERVICES (Please specify hair style-Up-do or Short/Style):		POSITION IN WEDDING

NAME	ADDRESS	
CITY,STATE,ZIP	HOME PHONE	CELL OR WORK PHONE (circle one)
SERVICES (Please specify hair style-Up-do or Short/Style):		POSITION IN WEDDING

NAME	ADDRESS	
CITY,STATE,ZIP	HOME PHONE	CELL OR WORK PHONE (circle one)
SERVICES (Please specify hair style-Up-do or Short/Style):		POSITION IN WEDDING

(continued on other side)

INDIRASALONSPA.COM BRIDAL APPLICATION

ATTENDANTS (continued)		
8. NAME	ADDRESS	
CITY,STATE,ZIP	HOME PHONE	CELL OR WORK PHONE (circle one)
SERVICES (Please specify hair style-Up-do or Short/Style):		POSITION IN WEDDING
9. NAME	ADDRESS	
CITY,STATE,ZIP	HOME PHONE	CELL OR WORK PHONE (circle one)
SERVICES (Please specify hair style-Up-do or Short/Style):		POSITION IN WEDDING

AGREEMENT

A \$100 deposit is required for booking all bridal reservations. All reservations must be secured with a credit card. Bride is responsible for any unpaid balance 30 days in advance. Cancellations are not accepted after application has been approved. The deposit is non-refundable after approval and will be used towards any cancellations of bridal party. Application must be completely filled out and \$100 deposit will be charged to secure reservations. Reservations subject to availability. Bride will receive confirmation when application is approved. INDIRA is not required to inform all attendants of cancellation policy or confirmation of time & services. It is the contact person's responsibility to inform all members of this binding contract. 20% gratuity will be added to all services. PRICES SUBJECT TO CHANGE.

DATE _____ SIGNATURE _____

DEPOSIT INFORMATION

CREDIT CARD: Visa , Mastercard, Discover , & American Express (circle one)

CREDIT CARD # _____ EXPIRATION DATE _____

IS THE CONTACT PERSON PAYING FOR ALL SERVICES? **Yes Or No**

RETURN TO: INDIRA GREEN BAY
 Attention: Bridal Coordinator
 2066 CENTRAL DR
 GREEN BAY, WI 54311
PHONE: 920.437.7980
FAX: 920.406.7590

INDIRA Salon Spa SPA PARTY APPLICATION

Circle location: Green Bay, Appleton, Lake Geneva or Park Ridge, IL

Date of Services: _____

Approx. time to begin: _____

CONTACT PERSON

Date Application received: _____

1.	NAME		ADDRESS	
	CITY,STATE,ZIP		HOME PHONE	WORK OR CELL
	SERVICES:			TOTAL:

Participants

(MUST BE COMPLETELY FILLED OUT BEFORE APPL. IS ACCEPTED)

2.	NAME		ADDRESS	
	CITY,STATE,ZIP		HOME PHONE	WORK OR CELL
	SERVICES:			TOTAL:

3.	NAME		ADDRESS	
	CITY,STATE,ZIP		HOME PHONE	WORK OR CELL
	SERVICES:			TOTAL:

4.	NAME		ADDRESS	
	CITY,STATE,ZIP		HOME PHONE	WORK OR CELL
	SERVICES:			TOTAL:

5.	NAME		ADDRESS	
	CITY,STATE,ZIP		HOME PHONE	WORK OR CELL
	SERVICES:			TOTAL:

6.	NAME		ADDRESS	
	CITY,STATE,ZIP		HOME PHONE	WORK OR CELL
	SERVICES:			TOTAL:

7.	NAME		ADDRESS	
	CITY,STATE,ZIP		HOME PHONE	WORK OR CELL
	SERVICES:			TOTAL:

8.	NAME		ADDRESS	
	CITY,STATE,ZIP		HOME PHONE	WORK OR CELL
	SERVICES:			TOTAL:

(continued on other side)

INDIRA Salon Spa SPA PARTY APPLICATION (cont.)

Participants (continued)

9.	NAME	ADDRESS		
	CITY,STATE,ZIP	HOME PHONE	WORK OR CELL	
	SERVICES:	SPA LUNCH:	TOTAL:	
10.	NAME	ADDRESS		
	CITY,STATE,ZIP	HOME PHONE	WORK OR CELL	
	SERVICES:	SPA LUNCH:	TOTAL:	

AGREEMENT

A \$100 deposit is required for booking all spa reservations. All reservations must be secured with a credit card. Attendants are responsible for full payment of all services 48 hours in advance. Cancellations are not acceptable less than 48 hours in advance. Contact person will be charged any remaining balance not paid 48 hours in advance. Deposit will be used towards to pay for balance. Reservations subject to availability. Contact person will receive confirmation when application is approved. INDIRA Salon Spa is not required to inform all attendants of cancellation policy or confirmation of time & services. It is the contact person's responsibility to inform all members of this binding contract. 20% gratuity will be added to all services.

PRICES SUBJECT TO CHANGE.

DATE _____ CONTACT PERSON SIGNATURE _____

DEPOSIT

CREDIT CARD: _____ Visa , Mastercard, Discover , & American Express (circle one)

CREDIT CARD # _____ EXPIRATION DATE _____

IS THE CONTACT PERSON PAYING FOR ALL SERVICES: YES OR NO

RETURN TO:

INDIRA SALON SPA
 c/o: Spa Party Coordinator
 2066 CENTRAL DR
 GREEN BAY, WI 54311
 PHONE: 920.437.7980 FAX: 920.406.7590

-----DO NOT WRITE BELOW THIS LINE-----

APPROVED _____
name title date

DEPOSIT RECEIVED CONTACT CONFIRMED

APPLICATION COMPLETED IF NOT, EXPLAIN _____