

Consultation . . . It's All About You . . .

Describe your usual makeup routine?

Day: _____

Night/going out: _____

Are you allergic to any brands, products or ingredients?

Describe and draw your dress, including the neckline:

Are you incorporating any special accessories into your look?

What type of veil or hair accessory are you wearing?

How are you planning on having your hair styled?

How do you envision looking on your wedding day?

Please bring in pictures of hair and makeup looks that you love to give us a better idea of what you are looking for.

Wedding colors: _____

What is the look or feel your wedding? (Circle)

Romantic

Sophisticated

Modern

Vintage

Bold/Unique

Wedding/reception location: _____

Wedding/reception time of day: _____

Is there anything else you would feel it would be helpful for your artist to be aware of?
