



KISS BY KATIE

makeup + hair

Client Name: _____

Cell _____ Email: _____

Mailing Address: _____

Event Occasion: _____ Event Date: _____ BBBBBB ____ B

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? _____

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9B BBBBBBBBBBBBBBBBBBBB

TOTAL NUMBER OF SERVICES:

B BBBBBBB

B BBBBBBB

B BBBBBBBBBBBBBBBBBBBBBB

0BUOVHWHOBWDWWRNUS