

Your Wedding – With Attention to Every Detail



Pagavé Salon & Spa Bridal Agreement

BRIDE'S/GROOM'S NAME		BRIDE'S/GROOM'S NAME	
ADDRESS			
CITY		STATE	ZIP
HOME PHONE	MOBILE		WORK
WEDDING DATE		WEDDING TIME	
DESIRED SALON START TIME	DESIRED SALON FINISH TIME	# OF ATTENDANTS /GUESTS	

Signature: _____

Date: _____

Pagavé Salon and Spa is honored to be a part of your wedding day!

Your Wedding Party

Please list all attendants and guests needing services.

NAME	
ROLE	PHONE
SERVICES	

NAME	
ROLE	PHONE
SERVICES	

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NAME	
ROLE	PHONE
SERVICES	

NAME	
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NAME	
ROLE	PHONE
SERVICES	

Thank you!