



PRESS THE DRESS

BOOKING FORM

NAME OF BRIDE: _____

NAME OF PLANNER/CONTACT: _____

ADDRESS OF ASSIGNMENT: _____

NAME OF PRIMARY CONTACT ONSITE: _____

CELL PHONE OF CONTACT: _____

SECONDARY CONTACT & CELL #: _____

DATE OF SERVICE(S): _____

TYPE OF SERVICES REQUIRED: PLEASE CIRCLE:

GOWN PRESSING DRESS CLEANING/PRESERVATION DRESSING

NUMBER & DESCRIPTION OF GARMENTS: (type of fabric, size and style)

COST OF SERVICES \$ _____ NON-REFUNDABLE DEPOSIT _____

PAYMENT TERMS _____

CREDIT CARD # _____

EXP DATE _____ CIV CODE ON BACK (3 DIGITS) _____

NAME ON CARD IF DIFFERENT THAN ABOVE _____

BILLING ADDRESS OF CARDHOLDER _____

CARDHOLDER'S SIGNATURE _____

APPROVAL CODE & INITIALS _____