

FLOWERGIRL SPECIAL ORDER

Today's Date: _____

Bridal Consultant: _____

Wedding Date: _____

Dress Order #:	Date:	Shipping:	Conf. #
Veil Order #:	Date:	Shipping:	Conf. #
Shoe Order #:	Date:	Shipping:	Conf. #
Other Order #:	Date:	Shipping:	Conf. #

BRIDE'S NAME: _____

Flowergirl Name: _____ Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

HM. PH. _____ WK.PH. _____ Email: _____

Dress Co.:	Style #:	Color:	\$
Veil Co.:	Style #:	Color:	\$
Shoe Co.:	Style #:	Color:	\$
Other:	Style #:	Color:	\$

STAPLE RECEIPT
HERE

ORDER NOTES:	MEASUREMENTS:
	SIZE:
	BUST:
	WAIST:
	HIPS:
	HEIGHT:
	WEIGHT:
	I agree 100% with the above measurements and I understand that the dress being ordered for me will not be made to my measurements. I understand that there will be alterations needed. I understand that there is a charge for alterations. I understand that my dress as well as any and all alteration fees must be paid in full before alterations will begin.
	X
	I am requesting a different size than I measure and I understand that I am still responsible for purchasing this dress if it does not fit.
	X

Additional Notes: _____
