



3410 Reynoldswood Dr., Tampa, FL 33618 | stracke@Likeatures.com

Bride Information Form:

Client Name: _____
Phone: _____
Cell: _____
Email: _____
Date the cake topper is needed: _____
Actual Wedding date: _____

Billing Address: _____

Mailing Address (if different than above): _____

BRIDE

Name: _____
Height: _____
Hair Color: _____
Eye Color: _____
Hair Style: _____
Dress Description (photos are required to depict actual wedding dress, if desired): _____

Headpiece/Veil Description (photos are required to depict actual headpiece/veil, if desired): _____

Shoes: _____
Jewelry: _____
Bouquet (photos are required to depict actual bouquet, if desired): _____

Make up: _____

Physical features emphasized: _____

Physical features downplayed: _____

Additional accessories/props (additional charges may apply): _____

Description of Pose: _____

Date, Names, Props for the base: _____

Special Instructions: _____

