

Every Girls Dream Inc

Application

Bride's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of most recent employer: _____

Last date worked: _____

Yearly Gross Income: _____

Grooms Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of most recent employer: _____

Last date worked: _____

Wedding date: _____

Bride's Telephone Number: _____ Best time to Call: _____

Bride's Measurements: Height _____, Bust _____, Waist _____, and Hips _____

Number Dress Choices, first choice thru last choice 1-5

Strapless

Short Sleeves

Long Sleeve

Straight gown close fit

Full gown

**** Our mission is to try to match you with the dress of your style and desire. EGD is not responsible for any damage done to your gown after leaving EGD premises nor will there be an application fee refund for damage done to gowns after leaving EGD. If we can not match the bride with a gown there will be NO application fee.***

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