PARTNER 1 and PARTNER 2 Timeline
DATE
Venue NAME
VENUE ADDRESS
Lillian Rose Events - PLANNER NAME - PHONE NUMBER
CLIENT HASHTAG IF APPLICABLE

DATE

TIME ITEM
Location if applicable

DATE

TIME ITEM
- NOTES

HAIR	**MAKEUP**
TIME *NAME*	TIME *NAME*
TIME *NAME*	TIME *NAME*
TIME *NAME*	TIME *NAME*
TIME *NAME*	TIME *NAME*
TIME *NAME*	TIME *NAME*

Vendor Credits: