

# Bridal Contract

Thank you for your interest in my makeup services. Please carefully review this bridal contract. I require this contract to be completed and submitted with a non-refundable deposit of 25% of the total expected cost of services for your wedding party. The complete balance for your wedding party will be due on the date of your wedding. Please feel free to contact me with any questions or concerns you may have in regards to your wedding appointments. I look forward to working with you and your wedding party. **Thank you and congratulations!**  
**Please note: There is a minimum of four (4) people required to book wedding makeup.**

## BRIDE AND BRIDAL PARTY SERVICES

Bridal Makeup Trial ( <i>lashes included</i> ).....	\$90
Bridal Application Day of Wedding ( <i>lashes included</i> ).....	\$135
Bridesmaid/Attendant Application ( <i>lashes included</i> ).....	\$90
Mother of Bride/Groom Application ( <i>lashes included</i> ).....	\$90
Junior Bridesmaid ( <i>lashes not included</i> ).....	\$65
Eyebrow Shaping/Sculpting.....	\$15
Just Lash Strips.....	\$15

## TRAVEL

Travel fee for first 10 miles.....	\$10
Each additional 20 miles.....	\$15
Parking fee/tolls must be paid by bride, if applicable.....	TBD

## CANCELLATION POLICY

Cancellations must be made seven (7) days prior to the reserved date or the bridal client will be responsible for the full amount of services agreed upon in this contract.

## DEPOSIT

A non-refundable and non-transferable deposit of 25% is required in order to secure your date and time.

## PAYMENT

I accept Cash, CashApp, or Venmo payments.  
**CashApp: \$makeuplovebylavonne**  
**Venmo: LaVonne-Coker**

BRIDE NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

WEDDING DATE \_\_\_\_\_

DESIRED FINISH TIME FOR APPOINTMENTS \_\_\_\_\_

LOCATION OF SERVICES \_\_\_\_\_

## OTHERS IN WEDDING PARTY REQUIRING SERVICE:

NAME	SERVICE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

I, \_\_\_\_\_, agree to have my appointments scheduled as needed, and the prices and policies listed in this contract as applicable to my scheduled appointments. I understand and agree to the non-refundable deposit to secure appointments for my party. I agree to pay the complete balance for my wedding party on the day of the wedding listed in this contract. I understand and will comply with the cancellation policy. I understand that no refund will be given for members of the wedding party who miss their appointment on the day of the wedding. I also understand that I am responsible for balances from any members of my party who fail to provide payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total: \$ \_\_\_\_\_  
Deposit: \$ \_\_\_\_\_  
Balance: \$ \_\_\_\_\_

