

# 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 bridal party. Thank you and congratulations!

## BRIDE AND BRIDAL PARTY SERVICES

*These prices does not include gratuity*

Pre-Wedding Makeup Consultation .....	\$85
Bridal Application Day of Wedding .....	\$125
<i>(Bridal Makeup includes false lashes.)</i>	
Bridesmaid/Attendant Application.....	\$85
Mother of Bride/Groom Application .....	\$75
Junior Bridesmaid .....	\$50
Eye Brow Grooming .....	\$10

## 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 your reserved date or you will be responsible for the amount of services agreed upon in this contract.

## PAYMENT

Payments can be made by Cash, Cash App or PayPal.

## DEPOSIT

A non-refundable deposit of 25% of the total expected cost of services is required in order to reserve your date and time.

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

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

EMAIL ADDRESS \_\_\_\_\_

CONSULTATION DATE & TIME \_\_\_\_\_

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: \_\_\_\_\_

