

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	\$65
Bridal Application Day of Wedding.....	\$125
<i>(Bridal Makeup includes false lashes.)</i>	
Bridesmaid/Attendant Application.....	\$70
Mother of Bride/Groom Application	\$70
Junior Bridesmaid	\$50
False Eyelashes <i>(Strip only)</i>	\$10
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 *(preferred)* or credit *(processing fee will be applied)*.

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: _____

SERVICE LOCATION AND REQUIREMENTS: Location of service for the day-of-event will be at the discretion of the client, but there are certain requirements the makeup artist needs to complete the makeup applications. A “set up” table/work area needs to be made available for the makeup artist at said location. Ample lighting, whether by means of natural light or by lamps, is necessary for services to be performed properly.

CANCELLATION POLICY: Cancellations must be made (7) days prior to your reserved date or you will be responsible for the amount of services agreed upon in this contract

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.