

Bridal Contract

BRIDE AND BRIDAL PARTY SERVICES

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!

| These prices does not include gratuity | CANCELLATION POLICY |
|--|--|
| Pre-Wedding Makeup Consultation\$65 | Cancellations must be made seven (7) days |
| Bridal Application Day of Wedding\$125 | prior to your reserved date or you will be |
| (Bridal Makeup includes false lashes.) | responsible for the amount of services agreed |
| Bridesmaid/Attendant Application\$70 Mother of Bride/Groom Application\$70 | upon in this contract. |
| Junior Bridesmaid\$50 | PAYMENT |
| False Eyelashes (Strip only) | Payments can be made by cash (preferred) or |
| Eye Brow Grooming\$10 | credit (processing fee will be applied). |
| | Croate (processing jee min be applied). |
| TRAVEL | DEPOSIT |
| Travel fee for first 10 miles\$10 | A non-refundable deposit of 25% of the |
| Each additional 20 miles\$15 | total expected cost of services is required |
| Parking fee/tolls must be paid by bride, if applicableTBD | in order to reserve your date and time. |
| DDIDE 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 | |
| I,, agree to have my appointments sche applicable to my scheduled appointments. I understand and agree to the restriction to pay the complete balance for my wedding party on the day of the wedcancellation policy. I understand that no refund will be given for members wedding. I also understand that I am responsible for balances from any many many many many many many many | dding listed in this contract. I understand and will comply with the s of the wedding party who miss their appointment on the day of the |
| Signature: Date: | |

BOOKINGS: To secure a date, a signed contract is required with a 25% deposit due at the time of signing. The deposit is non-refundable and non-transferable. Please be advised, dates and scheduled makeup times will only be reserved when a signed contract and deposit are received.

DELAYS: A late fee of \$25.00 will be charged for every 30 minutes of delay when a client is late for the scheduled time, or if scheduled makeup exceeds allotted time because of client delays. Contract will state the times late fees will begin and the amount charged and will be initialed and approved by client.

SATISFACTION GUARANTEED: Makeup will be completed to client's satisfaction, but is not to exceed allotted makeup time. Ample time is given for each makeup upon booking. Acceptance of completed makeup application by client is acknowledgement by client that makeup is done to his / her satisfaction.

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.

PARKING FEES: Where parking, valet or toll fees may be incurred, the amount will be included with the final bill and due for payment on the day of the event.

LIABILITY: All brushes and makeup products are kept sanitary and are sanitized between every makeup application. Makeup products used are hypoallergenic. Any skin condition should be reported by the client to the makeup artist prior to application and, if need be, a sample test of makeup may be performed on the skin to test reaction. Client(s) agree to release the makeup artist (LaVonne Coker) from liability for any skin complications due to allergic reactions.

PAYMENT: The final balance is due on the day of the event as one payment – no exceptions. The person(s) responsible for the entire balance of payment is the person(s) who has signed the booking contract.

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

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