

Bridal CONTRACT

NAME _____

ADDRESS _____

CITY _____

ST _____

ZIP _____

PHONE #1 _____

PHONE #2 _____

WEDDING DATE _____

WEDDING TIME _____

IN PARTY _____

WEDDING LOCATION _____

PHOTOGRAPHY TIME _____

PHOTOGRAPHY LOCATION(S) _____

Services:



Hair

Nails (*manicure*)

Nails (*pedicure*)



Makeup

Location of our services:



In Salon



Off Site



OFF SITE LOCATION _____

ARRIVAL TIME _____

\$

ADD'L OFF SITE CHARGE _____

Number of professionals:

HAIRSTYLISTS

MANICURISTS

MAKEUP ARTISTS

Package:

\$

PACKAGE PRICE _____

\$

DEPOSIT _____

Additional information:

(Local contact for out-of-town bride, catering information, other services needed, etc.)

I agree to the scheduled appointment times given (attached), and the price listed above. I understand and agree to the deposit of _____ of the total package price at this time to secure appointments. I consent to having the deposit processed _____ days prior to the scheduled appointments. I agree to pay the balance due on the day of the event. I understand that the deposit will not be refunded upon cancellation unless 72 hours advance notice is given. I understand that no refund will be given for members of the wedding party who miss their appointment on the day of the event.

SIGNATURE _____

DATE _____

SALON _____

DATE _____

METHOD OF PAYMENT FOR DEPOSIT _____

DATE _____