

S U I T E D E C E M B E R

hair salon

WEDDING CONTRACT

Bride: _____

Wedding Date: _____

Location for Service: In Salon Out Salon

Start Time: _____

Ready Time: _____

Guest in Wedding: _____

Photographer Arrival Time: _____

Address if Out of Salon: _____

PAYMENT METHOD

Name on Card: _____

Credit Card Number: _____

Exp: _____ Zip Code: _____ CVV: _____

I agree to pay the balance of the event. I understand that no refund will be given for members of the wedding party who miss their appointment on the day of the event. This contract is given to assure that your wedding day will run smoothly for the stylist and clients. A fee of \$50 is mandatory to reserve your wedding date and an additional \$50 per stylist if needed. Bride is responsible for payment upon arrival. We will only accept one total payment upon arrival. This contract is closed 2 weeks before your event. If for any reason the stylist cannot full fill her position we shall do everything to find a back up stylist.

Initial: _____

Deposit: _____

Total Cost of Services: _____

Stylist You will Need: _____

Brides Signature: _____

Date: _____

HAIR \$95

MAKEUP \$100

Children 6 years old and under \$120

Includes 1 lipstick/lip gloss color, blush , 1 eyeshadow color, ad a special event hair style

Fill out the name of each guest and circle hair and makeup if getting both or just one.

Bride: _____ HAIR - MAKEUP

Bridesmaid: _____ HAIR - MAKEUP

MOB: _____ HAIR - MAKEUP

MOG: _____ HAIR - MAKEUP

Flowergirl: _____ HAIR - MAKEUP

Extras: _____ HAIR - MAKEUP

_____ HAIR - MAKEUP

_____ HAIR - MAKEUP

_____ HAIR - MAKEUP