

# 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