

Salon A

2020 BRIDAL AGREEMENT

Dear Future Mrs.,

Thanks for choosing Salon A for your wedding day beauty! Please review the information on your bridal agreement and complete the form below. We can't wait to be a part of your special day!

Bride's Name:

Bride's Address:

Bride's Phone Number:

Bride's Email Address:

Wedding Date & Time:

Wedding Location:

Wedding Planner (name & number):

Wedding Photographer (name & number):

Wedding Theme/Color(s):

Trial Date & Time:

What time do you need to be ready by?

How many people need their hair done?

How many people need their makeup done?

Will services be done at the salon or on-site?

PRICING:

Wedding Day Updo	\$100
Updo Trial	\$50
Wedding Day Makeup	\$50
Makeup Trial	\$25

TERMS & CONDITIONS:

In order to secure a date and schedule each appointment a signed contract is required with deposit due at the time of signing. The deposit is non refundable and non-transferable.

Deposit Amount: \$ _____

In the even that the contracted hair stylist or makeup artist is unable to preform the services agreed upon due to an emergency, illness, or unexpected occurrence, a trusted substitute stylist will be assigned and informed of the contracted and discussed arrangements.

Delays: a late fee of \$15 will be charged for every 30 minutes of delay.

Travel and parking fees: Traveling fee will be determined based on the location and amount of stylist required for your event. Any parking, valet, or toll fees must be paid by the client if applicable.

Travel Fee: \$ _____

Liability: All tools, brushes and makeup products are kept sanitary. All products are sanitized between every makeup application. Any skin conditions, allergies, and/or sensitivities of the client(s) must be reported to the stylist prior to application and if needed a sample test of product may be preformed.

Payment: The final balance is due on the day of the event by cash or credit. No exceptions. The person responsible for the nature balance of the payment is the person who has signed the bridal agreement.

Cancellation Policy: Cancellation must be made 14 days prior to your served date or you will be charged the full amount agreed upon in this contract.

I, _____, agree to have my appointments scheduled as needed and the the prices and policies listed in this contract are applicable to my scheduled appointments. I understand and agree to the non refundable despot to secure appointments for myself and my wedding party. I agree to pay the complete balance for my wedding party on the day of the scheduled appointments listed in this contact. I understand and will comply with the cancelation 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 and that I am responsible for balances from and members of my party who fail to provide payment.

Bride's Signature: _____ Date: _____

Salon A Signature: _____ Date: _____

**Please list bridal party information on the reverse side.*

THE BRIDAL PARTY

FULL NAME	HAIR? <i>check yes</i>	MAKEUP? <i>check yes</i>	PHONE #	EMAIL