



Bride Info

Your Name:

Home Address or PO Box:

Phone: _____

Email: _____

Wedding info

Wedding date: _____

Location where services will be provided:

Number of Hair services: _____

Will there be Hair Extension to put in?:

Regular Makeup Services: _____

Airbrush Makeup Services: _____

What time do you need to be dressed and out the door by?: _____

Wedding Coordinators Name/Company:

Photographers Name/Company:

Venue: _____

1. A signed contract with a \$75 non-refundable deposit fee is required to reserve your event, which will be deducted off your total price.

2. Any changes to the number of services or complete cancellation, must be made 14 days prior to the event. If cancellation happens after the 14 days, the client is responsible for 100% of cost for all scheduled services agreed upon this contract.

3. The balance is to be paid in full at the time services are rendered unless client has requested to pre-pay.

4. We accept **CASH ONLY** the day of services. Cards are accepted with a 20% fee which includes tip. You can prepay 2 days prior to wedding date. **Unfortunately, WE DO NOT ACCEPT CHECKS!**

5. There will be a travel fee, starting at \$25 for any location which requires more than 30 miles of travel time outside of Orlando, FL 32821.

6. Artists cannot guarantee all services will be finished at scheduled time due to party late arrival.

7. We have permission to use any photographs that are taken of our work on the bride and bridal party for the use of company advertisement and showcase of work.

***gratuity is appreciated by our artists and is not included in the prices. A 15-20% gratuity is what is usually given by our satisfied clients as a token of their appreciation.**

I, CLIENT, agree to have my appointments scheduled as needed, and the policies listed in this contract as applicable to my scheduled appointments. I understand and agree to the non-refundable deposit to secure appointments for my party. I agree to pay the complete balance of services on the day of my event listed in this contract (or prepaid 2 days prior, if applicable). I understand and will comply with the cancellation policy. I understand that no refund will be given for members in which will be getting services who miss their appointment on the day of the event. I also understand that I am responsible for balances from any members of my party who fail to provide payment.

Client Signature: _____

Date: _____