

Bridal Contract



Thank you for your interest in my makeup services. Please carefully review this bridal contract. I require this contract to be completed and submitted with a non-refundable deposit of \$50.00 in order to secure your wedding date. The complete balance for your bridal party will be due on or before the wedding date. Please feel free to contact me with any questions or concerns you may have. I look forward to working with you and your bridal party. Thank you and congratulations!

BRIDE AND BRIDAL PARTY SERVICES:

Bridal Makeup Consultation.....\$65.00
Bridal Makeup Application.....\$125.00
Bridesmaid Application.....\$65.00
Mothers & Grandmothers.....\$65.00
Junior Bridesmaid (Ages 13-16).....\$35.00
Bridal Party Member Consultation.....\$50.00
HD Airbrush Makeup.....Additional \$25.00
Flower Girls (under 13).....Complimentary

TRAVEL:

Travel fee for first 20mi.....No Charge
Each additional mile after 20mi.....\$0.50/mile both ways

*Parking fees/tolls must be paid by bride if applicable.

Bride's Name: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Wedding Date: _____ **Wedding Location:** _____

Address of "Getting Ready" Location: _____

Desired Finish-Time for Appointments: _____

Wedding Day Makeup Recipients: (eg: bride, mother-of-bride, two bridesmaids, etc.)

CHOOSE YOUR SERVICES:

Check all that apply. Please indicate specific numbers where applicable.

____ **Bridal Consultation** ____ **Mothers/Grandmother(s)** ____ **Bridal Party Consultation(s)**
____ **Bridal Application** ____ **Junior Bridesmaid(s)** ____ **Traditional Application(s)**
____ **Bridesmaid Application(s)** ____ **Flower Girl(s)** ____ **HD Airbrush Application(s)**

TOTAL DUE: \$ _____ *(see pricing above)*

I, _____, understand and agree to pay the non-refundable security deposit to secure the appointment(s) for my bridal party and myself. I agree to pay the complete balance for my party on the day of the wedding as listed in this contract on or before my wedding day. I understand and will comply with all policies as listed in this contract. I understand that no refunds will be given for members of the wedding party who miss their appointments on the day of the wedding. I also understand that I am responsible for balances from any members of my party who fail to provide payment.

Bride's Signature: _____ **Date:** _____

Makeup Artist's Signature: _____ **Date:** _____

POLICIES

BOOKINGS: To secure a date, a signed bridal contract and \$50.00 deposit are required. This deposit is non-refundable and non-transferable. This deposit will be put toward the client's total wedding day balance if the client chooses wedding day services. The remaining balance will be due on or before the day of the event. Accepted forms of payment include: cash, check, and all major credit cards. Gratuity is never expected but always appreciated. (NOTE: bridal consultations and deposit fees are two separate costs.)

CONSULTATIONS: Consultations are available for brides as well as their bridal party members, including but not limited to: bridesmaids, mothers of the bride and groom, grandmothers, extended family members, guest speakers, etc. NOTE: Additional consultations must be scheduled on the same day as the bride's consultation in order to avoid an additional travel fee.

DELAYS: A late fee of \$25.00 will be charged for every 30 minutes of delay when a client is late for the scheduled time, or if the scheduled makeup application exceeds the allotted time due to client delays.

SATISFACTION GUARANTEED: Makeup will be completed to the client's satisfaction, and acceptance of the completed makeup application is acknowledgement by the client that the makeup is done to the client's satisfaction.

PARKING FEES: Where parking, valet or toll fees may be incurred. This amount will be included in the final bill and will be due on the day of the event.

TRAVEL FEES: Travel within 20 miles of Washington, West Virginia is completely free of charge. A mileage fee (\$0.50/mile both ways) will be charged for locations outside of the 20-mile radius of Washington, West Virginia 26181. Travel fees apply for all pre-event makeup consultations as well as day-of appointments.

LIABILITY: All brushes, tools, and makeup products are sanitized between every makeup application. Makeup products used are hypoallergenic. Any allergies and/or skin conditions should be reported by the client to the makeup artist prior to application and, if need be, a sample test of makeup may be performed on the skin to test reaction. Client(s) agree to release the makeup artist (Merideth Dushkoff) from liability for any skin complications due to allergic reactions.

PAYMENT: The final balance is due on or before the day of the event before the makeup artist departs — no exceptions. The person(s) responsible for the entire balance of payment is the person(s) whose name(s) appear on this contract.

CANCELLATION POLICY: Cancellations must be made at least thirty (30) days prior to the client's reserved date or the client will be responsible for paying the full amount of services agreed upon in this contract.

