

# *Bridal Contract*

## *with Andres Make-Up Artistry Studio*

*Thank you for your interest in my make-up services. Please carefully review this bridal contract. I require this contract to be completed & submitted with a non-refundable deposit of 30% 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 & Bridal Party Services:*

<i>Bridal makeup consultation.....</i>	<i>\$65</i>
<i>Bridal makeup application.....</i>	<i>\$125</i>
<i>Bridesmaid application.....</i>	<i>\$80</i>
<i>Mothers &amp; Grandmothers.....</i>	<i>\$65</i>
<i>junior bridesmaid (ages 13 -16).....</i>	<i>\$65</i>
<i>Bridal party member consultation.....</i>	<i>\$50</i>
<i>HD airbrush Make-Up additional .....</i>	<i>\$25</i>
<i>Flower Girls (under 13).....</i>	<i>complimentary</i>

*Choose your services check all that apply. Please indicate specific numbers:*

—Bridal consultation

— Junior bridesmaid

—Bridal makeup application

— Flower girls

—Bridesmaid application

—airbrush application

—Mother & Grandmother

—-traditional applications

*BRIDES NAME:*

*MAILING ADDRESS:*

*PHONE:*

*WEDDING DATE:*

*WEDDING LOCATION:*

*ADDRESS OF "GETTING READY" LOCATION*

*DESIRED FINISH TIME:*

*Please indicate all the names of recipients of makeup artistry : bridesmaids, mothers, flower girls etc.*

I \_\_\_\_\_, understand and agree to pay the non refundable security deposit to secure the appointments of my bridal party, and myself. I agree to pay the complete balance for my party on the day of the wedding as listed in the contract. I understand and will comply with all policies as listed in the above contract. I understand there will be no refunds given for members of the wedding party who miss their appointments 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.

Brides signature \_\_\_\_\_

Date: \_\_\_\_\_

Make-Up Artist's signature \_\_\_\_\_

Date: \_\_\_\_\_