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 and the total travel fee amount in order to secure your wedding date. All information submitted is confidential. The complete balance for your bridal party will be due on or before the wedding date. You will be sent a receipt of payment and email confirmation of your appointment once these steps are completed. 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’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wedding Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Desired Start & Finish-Time for Appointments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wedding Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of “Getting Ready” Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Theme / Colors of the Wedding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Color of Bridesmaids Dresses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Color of Bride’s Accessories ex. Silver, Gold, Rose Gold: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wedding Day Makeup Recipients:** (ex: Bride, Mother-of-Bride, Two Bridesmaids, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever had a professional makeover?**  YESorNO

**If yes, what did you (dislike) about the session? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your skin type? (1 or 2 may apply)**  DRY **|** OILY **|** COMBINATION **|** SENSITIVE

**What special areas would you like to focus on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your goal or desired look? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe your daily makeup look? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you wear contact lenses?**  YESorNO

**Do you take any medications that cause your eyes to be dry or itchy?**  YESorNO

**If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any health condition that may cause sensitivity in your skin or eye area?**  YESorNO

**If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any allergies?**  YESorNO **If yes, please indicate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any allergies to skin care products?**  YESorNO **If yes, please indicate:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I FULLY ACKNOWLEDGE THAT I DO NOT HAVE ANY KNOWN ALLERGIES TO MAKEUP PRODUCTS OR HAVE LISTED THEM ABOVE. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BRIDE & BRIDAL PARTY SERVICES**:

**Bridal Makeup Trial** (1hr) ……...….........**$100.00**

**(Please schedule within 30 days of wedding)**

* Discuss desired looks for Bride & party
* Discuss skincare routine & recommendations
* Can be scheduled for day of Bridal Shower

**Bridal Makeup Application** (1hr) ...........**$100.00**

* Full face including strip lashes
* Day of wedding

**Bridesmaids Trial (per face)** (1hr) ...........**$100.00**

* Test desired look on Bridesmaid(s)
* This service is optional

**Bridesmaid Application** ............................**$100.00**

* Full face including strip lashes
* Day of wedding

**Traditional Makeup Application** ...…….**$100.00**

* Ideal for persons outside of wedding party
* Strip lashes included

**Light Makeup Application** ........................**$70.00**

* Ideal for Mothers & Grandmothers
* Strip lashes included but optional

**Flower Girls (under 14)** ..................**Complimentary**

* Exceptionally light age-appropriate makeup application
* One eyeshadow, blush, lip gloss

**TRAVEL:**

**Travel fee for first 10mi**............................**No Charge**

**After 10mi**…………......**Charge per/mile both ways**

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

* **Travel fee has been calculated for YOU.**

**Travel to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Trial**

**Travel to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Wedding**

**Total travel fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHOOSE YOUR SERVICES:**

Check all that apply. Please indicate specific numbers where applicable

**\_\_\_\_\_ Bridal Trial \_\_\_\_\_ Bridesmaid Trial(s) \_\_\_\_\_ Mothers/Grandmother(s)**

**\_\_\_\_\_ Bridal Application \_\_\_\_\_ Bridesmaid Application(s) \_\_\_\_\_ Junior Bridesmaid(s)**

**\_\_\_\_\_ Flower Girl(s) \_\_\_\_\_ Traditional Application(s)**

**TOTAL DUE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (see pricing above + travel fee)**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**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. Payment will be required in full before performing makeup services. Accepted forms of payment include cash, PayPal, Venmo, Cashapp and Google Pay. Gratuity is never expected but always appreciated. (NOTE: bridal consultations and deposit fees are two separate costs.) **Initial:\_\_\_\_\_**

**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.**) Initial:\_\_\_\_\_**

**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. **Initial:\_\_\_\_\_**

**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. **Initial:\_\_\_\_\_**

**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. **Initial:\_\_\_\_\_**

**TRAVEL FEES:** Travel within 10 miles of Upland, California is completely free of charge. A mileage fee (per /mile both ways) will be charged for locations outside of the 10-mile radius of Upland, California 91786. Travel fees apply for all pre-event makeup consultations as well as day-of appointments. **Initial:\_\_\_\_\_**

**LIABILITY:** All brushes, tools, and makeup products are disinfected 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 (Monique Jackson) from liability for any skin complications due to allergic reactions. **Initial:\_\_\_\_\_**

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

**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 half of the full amount of services agreed upon in this contract. **Initial:\_\_\_\_\_**