## Bridal Agreement

| Name:                        |           |      |
|------------------------------|-----------|------|
| Email Address:               |           |      |
| Contact day of wedding:      |           |      |
| Event Date:                  |           |      |
| <u>Time:</u>                 |           |      |
| Location:                    |           |      |
| Number of party for Hair:    |           |      |
| Number of party for Makeup:  |           |      |
| Photographer email:          |           |      |
| Additional services & notes: |           |      |
|                              |           |      |
| Start Time:                  | End Time: |      |
| Cost of services:            |           |      |
| Deposit:                     |           |      |
| Travel fee:                  |           |      |
| Total to be collected:       |           |      |
|                              |           |      |
| Signature                    |           | Date |

Please note: All clients should have **clean**, **dry hair** at the time of their appointment unless they have scheduled to have a wash and blow-dry in advance.

Deposit/Refund Policy: Please be advised that a 20% deductible deposit is requested for all group reservations. This deposit is not refundable in the event of cancellation.

Parking: For services we provide outside of the salon we ask that paid parking be provided for the stylist(s) on location while they perform their services.