

Dear Bride,

Thank you for giving me the opportunity to make your day perfect! I appreciate you taking the time to make me aware of the important details of your Wedding Day. The purpose of this agreement is to confirm the services to be rendered for the wedding party along with the names of those responsible for the services provided. This agreement and deposit must be completed and returned within 7 days TO INSURE DATES AND TIMES REQUESTED ARE RESERVED.

To guarantee your appointment times, I require the following credit card information:

Name on card \_\_\_\_\_

Credit card # \_\_\_\_\_

Expiration date \_\_\_\_\_ CVC code \_\_\_\_\_ Billing

address \_\_\_\_\_

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\$100.00 non-refundable deposit is required for all bridal groups.

All cancellations must be received in writing 60 days prior to your event.

Any services not cancelled or that no-show the day of the event will be charged full price of the services reserved.

Signature:

date:

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*Wedding Information:*

*BRIDE:* \_\_\_\_\_

*PHONE:* \_\_\_\_\_ *EMAIL:* \_\_\_\_\_

*WEDDING DATE:* \_\_\_\_\_ *DESIRED*

*APPOINTMENT TIME* \_\_\_\_\_ *NUMBER OF GUEST IN YOUR*

*BRIDAL PARTY (INCLUDING YOU)* \_\_\_\_\_ *in*

*Suite at Beauty Boutiques* \_\_\_\_\_ *on site* \_\_\_\_\_

*Address of onsite location* \_\_\_\_\_

*TRIAL DATE:* \_\_\_\_\_

*Bridal Trial updo-\$65*

*Bridal updo-\$100*

*Bridesmaid Updo\$65*

*Makeup services/ pricing avail upon request*

*Travel fee \$20 additional each service*

*\*Please arrive for your services on time and at the same time.*

*\* all changes / add on request must be made in advance in writing, if I can accommodate last minute changes the day of the wedding, I am happy to, but cannot guarantee availability.*

*\*Please arrive with clean dry hair*

*\*Gratuity is not included with services.*

*\*Wearing a button-down shirt is recommended*

## BRIDAL FORM

HELP ME TO EXCEED YOUR EXPECTATIONS BY FILLING OUT THE FORM BELOW TO MAKE YOUR DAY OF BEAUTY PERFECT! PLEASE EMAIL IT BACK TO ME WITHIN 7 DAYS TO SECURE YOUR DATES.

NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

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NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

ADDITIONAL INFO::

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*Please feel free to contact Nicole Joveright with any additional questions or concerns Nj: @beautifulqueensgreen.com Cell: 440-812-3726*