Salon 360

(815)730-3360

2945 West Jefferson Street

Joliet, IL 60435

[Www.salon360.net](http://www.salon360.net/)

Name: Today’s Date:

Address:

Phone: Cell:

Email Address:

Location where services will be held at:

Date of Wedding: Start Time of Wedding:

Time Bride must be finished: Time Wedding party must be finished:

Best phone number to contact you on your wedding day:

**Bridal Hair**

*Please fill in the number receiving services below:*

 Trial Run (Bride Only) **$70*\**** ***\*payment due at time of service***

 Updo (Bride) **$70**

Updo **$65**

**Bridal Makeup**

*Please fill in the number receiving services below:*

 Trial Run (Bride Only) Regular Makeup **$55*\**** ***\*payment due at time of service***

 Trial Run (Bride Only) Airbrush Makeup **$70*\**** ***\*payment due at time of service***

 Regular Makeup *\*\** **$65** *\*\*Includes Lashes*

 Airbrush Makeup*\*\** **$80** *\*\*Includes Lashes*

 Only Lashes **$10**

Thank you for inquiring our bridal hair & makeup services. Please read over our policies below.

\*If you need clip-in extensions installed, we are happy to do that too! There will be an additional fee, as this takes more time. Please inform us beforehand, so that we allow oursleves enough time to have everyone looking beautiful on time.

\*If you have a veil, hair clips, flowers, or other adornments for the hair, please be sure that they are in the venue where we will be providing the services.

\*In order to not dishevel your gorgeous style and makeup, please wear a button down shirt or one that can be pulled down on the day of the service. And wash your hair the day before, so your style will last through the whole day and night.

\*Deposit Policy: We receive many inquiries and dates fill up quickly. Therefore we require a $150 non-refundable deposit along with this signed contract. The deposit will go towards your wedding services. Your deposit can be paid in cash or with a credit/debit card only. Your date is not reserved until deposit is paid. Deposits must be made in person.

Client Signature: Date:

Service Provider Signature: Date: