TS

BRIDAL HAIR

INTAKE AND CONSULTATION

CONTACT INFORMATION

Bride's Name:
Address:
City: Province: Postal Code:
Phone: Email:
Preferred Contact:
Email/Text/Paper Receipts:
Would you like to receive promotional emails? Yes ■ No ■
Venue for Event:
Time of Event:Required Time to be Ready:
Address of Prep Site:
QUESTIONAIRE
Service Location: Studio On-site
Number of Clients (Bridesmaids + Bride + Mother of Bride / Groom):
Have you selected your dress? If yes, what style is it?
Will you be wearing a veil or other wedding hair jewelry?
Will hair change for the reception?
Do you have any ideas or restrictions for other members of the bridal party?

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BRIDAL AGREEMENT

OUR POLICIES

Congratulations and enjoy your day! Twisted Scissors is ecstatic and honoured to be involved. Please try to be on time for all of your appointments so that we can give you the best possible service. You and your wedding party are very important to me, and I will make every effort to ensure your day is special.

All of your appointments under this Agreement must be reserved with a non-refundable 50% deposit, which will go toward your services the day of the wedding/event. The deposit will be determined based on the estimated cost of the services booked for yourself as well as the wedding party that are wanting services the day of. Once the introductory consultation is complete, you will be invoiced for the deposit which is required to be paid within 45 days. If payment for the deposit is not received within 45 days, the reservation and any services booked under this agreement will be cancelled.

If I am unable to make the event due to unforeseen circumstances, such as illness or personal emergency, your deposit will be refunded and I will do my best to find a replacement.

If the event is taking place out of town, there will be a travel fee of \$75 per hour. Travel time will be determined via Google Maps, and you will be billed accordingly. Travel fees will be added to the total cost of services when calculating your deposit.

Without a contract that has been signed, a deposit, and staff availability, no dates will be assured. The remainder of the services must be paid on the day of the wedding. Two weeks prior to your wedding date, please get in touch with us to make adjustments to the style requested for yourself or the wedding party. We believe that doing this will make your day easier and more enjoyable.

Our services typically start at 9am. Depending on the number of stylists available and/or the need to start earlier, this can possibly be arranged with at least two weeks notice.

Any cancellations made on the day of the ceremony will be charged in full.

Wedding photographers and videographers are welcome to take photos/videos during the styling process on your special day.





An introductory consultation is part of the bridal hair services and is used to go over all details of the big day and the creation of a style. There is no cost to have a consultation. A hair trial run is necessary to guarantee accuracy and timing so that we have enough time set aside for your special day. Please bring any hair accessories, jewelry, veils, or other wedding-related accessories with you. The cost of the trial is \$50, and additional trials will cost \$50.

On the day of the event, please wear a button-down shirt or a shirt that is simple to slip over your head and arrive with clean, completely dry hair if you are getting specialised styling on the wedding day. Please refrain from shaping the hair in advance with items like a flat iron or curling iron.

Although not required, bridesmaids can plan a trial run if they so choose for an additional fee. Please inform us if any members of your bridal party have unusually long or thick hair, or other hair accessories. This will enable us to schedule each bridesmaid an appropriate amount of time.

Thank you again for choosing Twisted Scissors. I look forward to pampering you on your special day!

Melissa Piche Owner/Operator

PAYMENT INFORMATION

In order to guarantee your appointment times we require the following information.

Total Amount of Services \$______

Total Deposit Required \$ ______

Check Payment Type Below

Cash Credit Debit. E-Transfer

Deposit Paid Date Paid: ______

Signature: _______ Date: _______

Print Name: ________



CLIENT AGREEMENT

I agree to the scheduled appointments times given on the attached forms and prices listed. I understand and agree to the non-refundable deposit of 50% of the total package price which will be paid within 45 days of the signing of this agreement to secure the appointments. I agree to pay the remainder of the balance on the day of my wedding upon completion of the services provided, which will be the day of, 20		
I understand there will be no refund to those who services.	miss their appointment time day of scheduled	
(SIGNATURE)	(DATE)	
	(DITIL)	
(SALON SIGNATURE)	(DATE)	





FOR THE BRIDE Bridal Trial \$75 Bridal Styling..... \$150 FOR THE BRIDAL PARTY Bridesmaids.... \$90 Mother of the Bride/Groom, Other \$90 OTHER FEES \$75 per hour Travel Fee* *Travel fees will not be charged for events taking place within the Greater City of Sudbury. This includes Val Čaron, Hanmer, Capreol, Chelmsford, Azilda,



Coniston, Wahnapitae.

TS BRIDAL HAIR PHOTO & VIDEO RELEASE

I consent that Twisted Scissors or a representative may capture pictures and/or vide that the images will become a part of my client file and may be used for marketing (vide) digital, or social media) or medical education or training.		
By providing my permission, I realize that I will not receive any payment from anyon even though photographs and/or videos will be used without identifying information still possible that I'll be recognized.	*	
I also agree that use of any photos, videos, or other images does not grant me any ow because I am participating voluntarily.	rnership or royalties	
I authorize the use of photographs and/or video images: (please initial indicating YE below)	S or NO	
YESNO For educational purposesYESNO For marketing and advertising purposes		
I hereby waive any claims I or any third party may have against Twisted Scissors, its employees, and any third parties engaged in the development or publication of educational or marketing materials.		
I certify that I have read and understand this agreement by signing this form. I unde later revoke my permission by filling out a new form or by sending a written request		
SIGNATURE	DATE	

Client's Name: