



PERMANENT MAKEUP ARTIST | LASH TECHNICIAN | ESTHETICIAN

Wedding date: _____

Partner A name:

Partner B name:

Mailing address:

Preferred phone number and email:

Wedding makeup trial session date:

Time of wedding ceremony:

Time of photos:

Wedding venue:

Location of makeup application:

Wedding Photographer:

Wedding Photographer Website:

Wedding Planner/ Emergency Contact:

Special Requests or additional information:

Total number of persons receiving makeup:

Any additional family/friends receiving makeup:

List Wedding Party Members in the order makeup should be applied: (The Bride/Partner A will go 2nd to last for optimal timing)

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Bride/Partner A: _____

Name: _____

Sub-Total\$ _____

If more space is needed, please list additional bridal party members here:

Travel Fee: _____ Total: _____ Wedding Makeup Contract Term A deposit of \$150 is required to reserve wedding date. This is non-refundable. The \$150.00 payment can be paid by card, cash or electronic payment. Due to the nature of the business your wedding date will not be held until a deposit is paid and a contract is received. Your deposit will be deducted from the wedding day balance, which will be due on your wedding day. The day of your wedding I will also accept card, cash or electronic payment, . Please inform the wedding party and families receiving makeup on the wedding day the accepted forms of payment. The service cost for each wedding party member is \$100. I require a \$300 minimum of my services as a booking requirement. Travel fees may apply. Cancellation Policy Cancellations can be made up to 60 days before the wedding day without any extra charges. Your \$150.00 original deposit is still non-refundable.

I, _____ _ have read through and understand all terms and details of this agreement and I have supplied all correct and required information.

Photo Release Agreement: I, _____ authorize my makeup artist or her assistants to use my photos for their websites, advertisements, or Facebook page. (I will always get the photographers permission before posting any pictures.)

Client Signature Date _____

Contact:

jess@lamiaesthetics.com

(513) 620-6737