

BRIDAL STYLING + MAKEUP CONTRACT

Please carefully review and complete this contract. We look forward to working with you and your wedding party. Thank you for choosing Orchid Salon, and congratulations!

| CLIENT INFORMATION | | | |
|--|----------------------------|------------------|--|
| Bride's name: | Bride's phone number: _ | | |
| Credit card number: | Expiration Date: CSV: | | |
| Name as it appears on card: | | | |
| Billing address: | | | |
| City: | State: | Zip: | |
| WEDDING INFORMATION | | | |
| | | | |
| Wedding date: | Location of services: 🔲 In | Salon 🔲 Off-Site | |
| Wedding date: Off-site address: | | — | |
| Off-site address: | | | |
| Off-site address: | Number o | f services: | |
| Off-site address: Services required (bride only): | Number o | f services: | |
| Off-site address: Services required (bride only): Start time: Desi | Number o | f services: | |

WEDDING PARTY INFORMATION

| First + Last Name | Party Position | Services Requested | Hair Length |
|-------------------|----------------|--------------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ADDITIONAL INFORMATION + STYIST REQUESTS

- Please arrive for your service(s) on time.
- Wearing a button-down shirt is suggested.
- Bring any hair accessories or flowers you wish to use.
- Please arrive with clean, dry hair, and makeup free.
- If you are not receiving a shampoo/blow-dry, please shampoo your hair before the day of the event. We do not recommend shampooing the day of. Please ask all members of your party to use only soft styling sprays in the morning, as hard sprays make your hair hard to curl and style.

FOR IN SALON ONLY

• We offer complimentary tea, coffee, and water. You are invited to bring in any drinks or food that you feel will make your day more special.

IN SALON PRICING

| Bridal consult (hair + makeup) | \$145 |
|--------------------------------|-------|
| Bridal hair + makeup (day of) | \$170 |
| Bridal Package | \$450 |

(Bridal package includes: hair + makeup trial, final hair + makeup, eyebrow styling/waxing, lip waxing, mini facial, and 15 minute skin prep before makeup application. All waxing is done the week of the wedding, not the day of, to avoid any redness and irritation of the skin.)

| Updo + half up half down styles | \$90 |
|---|------|
| Shampoo and blowdry | \$40 |
| Shampoo, blowdry, and style(straighten or curl) | \$50 |
| Makeup | \$50 |

Important note: All makeup is Aveda. We do not do airbrushing or full glam looks.

OFF-SITE PRICING + TRAVEL FEES

In addition to the travel fees, \$20 will be added to all services prices.

| 0-20 miles | \$150 flat fee |
|-------------|----------------|
| 21-50 miles | \$250 flat fee |
| 50+ miles | \$500 flat fee |

Gratuity is not included in packages or set prices. 15-20% is traditionally given for any service

DEPOSIT

We kindly accept 50% deposits when appointments are made. The remaining balance is due 14 days prior to the wedding day. We will send you an invoice 60 days before the wedding.

SERVICE/PARTY CHANGES + CANCELLATION POLICY

Any changes to the requested services or number of people in the party must be submitted at least 60 days before the wedding day. After that date, you will be responsible for the cost of all services listed in the contract.

Cancellations can be made up to 90 days before the wedding day without any extra charges. If you cancel 30 days prior to your wedding day, 50% of the total wedding day price quote will be charged to the credit card provided. If you cancel 14 days (or less) prior to the wedding day, you will then be charged 100% of the total wedding day price quote.

1839 N. Paris Avenue, Port Royal SC 29935 Phone: 843.379.4550

I, ______, have read through and understand all terms and details of this agreement and I have supplied all correct and required information. By signing below, I authorize Orchid Salon and staff to charge me for agreed upon services as indicated in this contract.

Client Signature

Date

PHOTO RELEASE

I, _____, authorize Orchid Salon and staff to use my photos for their websites, advertisements, and social media pages.

| FOR SALON USE: |
|----------------------|
| Estimated total: |
| Travel fee (if any): |

Stylists working: _____

1839 N. Paris Avenue, Port Royal SC 29935 Phone: 843.379.4550