



Brides Name: _____

Wedding Date: _____

Wedding Time: _____

Wedding Venue: _____

Brides Information:

Name: _____

Phone: _____ Cell: _____

Email: _____

Credit Card: For your security, we ask that you please call the salon to provide your credit card number and expiration date.

Event Information:

Venue: _____

Date: _____ Wedding Time: _____

Preferred Time of Departure: _____

Rehearsal Date: _____ Time: _____

Additional Contact Information:

Brides Mailing Address: _____

City: _____ State: _____ Zip: _____

Alternate Phone Number: _____

Emergency/Alternate Contact Information:

We know brides sometimes have a little help. Is there anyone you would like to list as an alternate contact?

Name: _____

Phone: _____

Email: _____

Bridal Party information:

Bride Name: _____

Up Do: _____ Make up: _____ Blow Out: _____ Mani: _____ Pedi: _____

Maid of Honor Name: _____

Up Do: _____ Make up: _____ Blow Out: _____ Mani: _____ Pedi: _____

Member 1: Position in Party: _____

Name: _____

Up Do: _____ Make up: _____ Blow Out: _____ Mani: _____ Pedi: _____

Member 2: Position in Party: _____

Name: _____

Up Do: _____ Make up: _____ Blow Out: _____ Mani: _____ Pedi: _____

Member 3: Position in Party: _____

Name: _____

Up Do: _____ Make up: _____ Blow Out: _____ Mani: _____ Pedi: _____

Member 4: Position in Party: _____

Name: _____

Up Do: _____ Make up: _____ Blow Out: _____ Mani: _____ Pedi: _____

Member 5: Position in Party: _____

Name: _____

Up Do: _____ Make up: _____ Blow Out: _____ Mani: _____ Pedi: _____

Member 6: Position in Party: _____

Name: _____

Up Do: _____ Make up: _____ Blow Out: _____ Mani: _____ Pedi: _____

Member 7: Position in Party: _____

Name: _____

Up Do: _____ Make up: _____ Blow Out: _____ Mani: _____ Pedi: _____

Member 8: Position in Party: _____

Name: _____

Up Do: _____ Make up: _____ Blow Out: _____ Mani: _____ Pedi: _____

Member 9: Position in Party: _____

Name: _____

Up Do: _____ Make up: _____ Blow Out: _____ Mani: _____ Pedi: _____

Member 10: Position in Party: _____

Name: _____

Up Do: _____ Make up: _____ Blow Out: _____ Mani: _____ Pedi: _____

BRIDAL CONTRACT

1. We recommend booking 3-4 months prior to your wedding day.
2. During your trial run, please wear a shirt that is as close as possible to the color of your wedding dress to ensure that your makeup is correctly matched.
3. Please bring your headpiece, veil and any hair accessories to try on during your trial run.
4. Please be sure the **entire** Bridal Party arrives 15 minutes before the first appointment.
5. Please be sure everyone having an Up Do arrives with clean, **DRY** hair.
6. Please refrain from ponytails, clips, or headbands as they will leave marks in the hair.
7. Anyone arriving with wet hair for Up Do's will be charged an extra \$25 for drying.
8. Any of the Bridal Party receiving Make Up services should arrive with clean skin and their regular moisturizer.
9. Make up is available for purchase to have for touch-ups on the wedding day.
10. ECHO Salon reserves the right to ban outside food or beverages (alcoholic or non-alcoholic) at the owners/managers discretion.
11. Gratuity is **NOT** included in Bridal Party pricing. If you are pleased with your services, a 15-20% gratuity is standard. We do NOT accept gratuities to be added to credit cards.

I, _____, agree to the scheduled appointment times given, and the prices listed in this contract. I understand and agree to the deposit of \$200 at the time of signature to secure the appointments. I agree to pay the balance due on the day of the event. I understand that the deposit will not be refunded if cancellation is made less than 14 days before the wedding. Cancellations made less than 7 days will be charged an additional \$200. I understand that no refund will be given for members of the wedding party who miss their appointment on the day of the event.

Signature: _____

Date: _____