

LADIES & GENTS
PROFESSIONAL HAIR SERVICES

WEDDING CONTRACT

Name _____

Address _____

Phone() _____

Alt number and name of contact for bride

Wedding Date _____ Wedding Time _____

Number in wedding Party _____

Package Price:\$ _____ Deposit:\$ _____

Photography Time: _____ Make-up Artist Time _____

Location for our services: In Salon Off Site

Off-Site Mileage charge:\$ _____ (Driving directions)

Credit Card Number _____ Exp _____

I _____, agree to the scheduled appointment times given on the attached intake forms, and the price listed above. I understand and agree to the deposit of 20% of the total package price at this time to secure the

appointment date. I agree to pay the balance due on the day of the event. I understand that the deposit is non refundable. I understand that no refund will be given for members of the wedding party who miss their appointment on the day of the event. Ladies and Gents will only accept cash payment on the day of the event.

Signature: _____ Date _____

Salon: _____ Date _____