



SISTERS SALON & Day Spa

BRIDAL PARTY AGREEMENT FORM

Congratulations on your upcoming wedding! We are honored that you have chosen to start this most important day with us!

In order to guarantee that everything goes smoothly for you, we ask that we have all of your contact information as well as the contact information for everyone requesting services for your wedding. This ensures that we can reach you at any time with questions and that each member of your wedding party receives what they requested. We will, however, rely on you to make sure that each individual in your bridal party is notified what their individual appointment times are.

We offer a Bridal Suite for your party to reserve while you are receiving services. The cost is \$50 due at the time of booking. Feel free to bring food and beverages to enjoy while you are here!

Our policy at Sisters Salon & Day Spa requires a credit card to have on file for our large parties. Please carefully read and initial each policy below. It is very rare that changes or cancellations are necessary in the days leading up to your wedding. However, should there be changes, cancellations, or no-shows, these policies will be enforced.

Credit Card Policy: Bridal Parties are required to keep a credit card number on file to hold appointments. Please note that this card will be charged for ALL reservations that do not follow the policy guidelines. **Initials:** _____

Cancellation Policy: Bridal party cancellations with more than 60 days notice will not be charged a cancellation fee. Cancellations with 30-60 days notice will be charged a \$50.00 cancellation fee. Cancellations with less than 30 days notice will be charged 50% of all reserved service appointments. The credit card on file will be charged for any cancellation fees. **Initials:** _____

No Shows: All appointments that are reserved for your special day will be accounted for. The credit card that is on file will be charged for all appointments that are no shows. Guests arriving more than 15 minutes past their scheduled appointment time are considered a no show and will be charged 100% of the service fee. If time allows, the guest will have the option to receive an abbreviated version of the service at no discount. **Initials:** _____

Arrival Time: To accommodate guests efficiently, arriving on time is required and appreciated. We cannot guarantee appointments for party members that arrive more than 15 minutes past their scheduled time. If time allows, the guest will have the option to receive an abbreviated version of the service at no discount. **Initials:** _____

Food & Drinks: Sisters Salon & Day Spa encourages you to bring in your own food and beverages. We want all guests enjoy themselves in a safe and responsible manner. We do not allow anyone under the age of 21 to have alcoholic beverages. **Initials:** _____

Thank you for choosing Sisters Salon and Day Spa! We look forward to working with you during this very exciting time!

PRIMARY AND SECONDARY CONTACTS

Party Holder Contact Information

The Party Holder is the primary contact for all communication regarding services and scheduling for you and your guests. We will require a credit card number to have on file as well.

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Telephone #: Cell _____ Home/Work _____

Email: _____

Credit Card Number: _____

Expiration Date: _____

Secondary Contact Information

In the event we are unable to reach the Party Holder, we will need to have a secondary contact. This might be the mother of the bride or the maid of honor.

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Telephone #: Cell _____ Home/Work _____

Email: _____

Title (mother, maid of honor, etc.): _____

SERVICE REQUESTS

Wedding Date: _____

Requested Start Time: _____

Requested Finish Time: _____

Bridal Suite? Yes No Deposit Amount: \$50 Deposit Date: _____

BRIDE

Name: _____

Phone number: _____

Email address: _____

Service Requests:

Upstyle

Upstyle trial

Style (short hair length or simple)

Makeup

Makeup trial

Nails

False Lashes

Spray Tanning

Stylist Request: _____

Begin Time: _____ End Time: _____

Notes:

WEDDING PARTY

Name: _____

Title (Maid of honor, bridesmaid, mother, etc.): _____

Phone: _____ Email: _____

Service Requests:

Upstyle

Style (short hair length or simple)

Makeup

Nails

False Lashes

Spray Tanning

Stylist Request: _____

Begin Time: _____ End Time: _____

Notes:

WEDDING PARTY

Name: _____

Title (Maid of honor, bridesmaid, mother, etc.): _____

Phone: _____ Email: _____

Service Requests:

Upstyle

Style (short hair length or simple)

Makeup

Nails

False Lashes

Spray Tanning

Stylist Request: _____

Begin Time: _____ End Time: _____

Notes:

WEDDING PARTY

Name: _____

Title (Maid of honor, bridesmaid, mother, etc.): _____

Phone: _____ Email: _____

Service Requests:

Upstyle

Style (short hair length or simple)

Makeup

Nails

False Lashes

Spray Tanning

Stylist Request: _____

Begin Time: _____ End Time: _____

Notes:

WEDDING PARTY

Name: _____

Title (Maid of honor, bridesmaid, mother, etc.): _____

Phone: _____ Email: _____

Service Requests:

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Style (short hair length or simple)

Makeup

Nails

False Lashes

Spray Tanning

Stylist Request: _____

Begin Time: _____ End Time: _____

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WEDDING PARTY

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Title (Maid of honor, bridesmaid, mother, etc.): _____

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