

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 a secondary contact's information. This ensures that we can reach you with any questions and ensure your day goes smoothly. Once appointments have been made, a schedule for your time in the salon will be emailed to you. We will rely on you to make sure that each individual in your bridal party is notified of their individual appointment time(s).

We do require a credit card be saved on file. Please carefully read and initial that you understand each policy below. These policies will be enforced for any last minute changes, cancellations, or missed appointments, so please be as accurate as possible as you request appointments.

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

_____ **Cancellation Policy:** Bridal party cancellations with more than 30 days' notice will not be charged a cancellation fee. Cancellations with 14-30 days' notice will be charged a \$50.00 cancellation fee. Cancellations (group or individual) with less than 14 days' notice will be charged 50% of the cost of all reserved service appointments. The credit card on file will be charged for any cancellation fees.

_____ **Missed Appointments/Late Arrivals:** All appointments that are reserved for your special day, but not fulfilled, will be charged 100% of the service fee. Guests arriving more than 15 minutes past their scheduled appointment time will be considered a "missed appointment" 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; however, there will be no discount to the service cost.

_____ **Self Service:** We appreciate that some of your guests would prefer to do their own hair and makeup. Please note that because we are a full service salon, services not being provided by one of our staff cannot be completed on site.

_____ **Social Media:** By initialing, you are providing consent to the salon and our providers to use pictures of hair and makeup of you and your guests on social media pages and our Salon website.

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: _____

I have provided accurate and valid contact and billing information. I have reviewed and understand the policies set forth in this agreement and understand that it is my responsibility to share this information with all party guests.

Signature

Date

Secondary Contact Information

In the event we are unable to reach the Party Holder, we will need to have a secondary contact. Often this is 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: _____

Bride

Name: _____

Service Requests:

- Upstyle
- Upstyle trial
 - Preferred Date/Time: _____
- Style (short hair length)
- Makeup Application
- Makeup trial
 - Preferred Date/Time: _____
- Nails (please circle specific services requested for manicure and pedicure)
 - Preferred Date/Time for Nail Services: _____
 - Manicure (**Spa** or **Basic**, both services include regular nail polish)
 - Gel Polish Manicure
 - Will you have gel polish that needs to be removed? Yes No
 - Artificial Nails
 - Pedicure (**Spa** or **Basic**, both services include regular nail polish)
 - Gel Polish
 - Will you have gel polish that needs to be removed? Yes No
- False Lashes

Stylist Request: _____

Begin Time: _____ End Time: _____

Notes: _____

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