



## Bridal Makeup Contract

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### **Information**

Wedding Date: \_\_\_\_\_

Bride's Name: \_\_\_\_\_

Groom's Name: \_\_\_\_\_

Bride's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bride's Phone Number: \_\_\_\_\_

Bride's Email: \_\_\_\_\_

Allergies, skin conditions, or  
sensitiveness to makeup: \_\_\_\_\_  
\_\_\_\_\_

### **Wedding Details**

Time of Wedding Ceremony: \_\_\_\_\_

Time of Pictures: \_\_\_\_\_

Bride Must Be Ready By: \_\_\_\_\_

Wedding Venue: \_\_\_\_\_

Location Of Makeup  
Application: \_\_\_\_\_  
\_\_\_\_\_

Wedding Planner /  
Emergency Contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **List Bridal Party Members**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_



**Makeup Application Details**

		@		/each	<u>Total</u>
Bride	_____	@	_____	/each	_____
Bridal Party	_____	@	_____	/each	_____
Jr. Bridesmaids (11-15 years old)	_____	@	_____	/each	_____
Mother of Bride/Groom	_____	@	_____	/each	_____
Additional Persons	_____	@	_____	/each	_____
False Eyelashes	_____	@	_____	/each	_____
_____	_____	@	_____	/each	_____
Travel/Mileage Fee	_____	@	_____	/each	_____
25% Deposit	Cash		Check #		_____

**Total Due:** \_\_\_\_\_

\* All payments due in cash when Makeup Artist arrives.

\* Flower girl(s) age 10 and under will be included and will receive blush, lip gloss, and some shimmer on the eyes.

\* Any additional makeup applications will be included once all of the above have been completed, time allowing.

**Contract Terms**

**BOOKINGS:** To secure a date and scheduled makeup times a signed contract is required with a 25% deposit due at the time of signing. The deposit is non-refundable and non-transferable. In the event that the contracted Makeup Artist is unable to perform the services agreed upon due to an emergency, illness, or unexpected occurrence a trusted substitute Makeup Artist will be assigned and informed of the contracted and discussed arrangements.

**DELAYS:** A late fee of \$25.00 will be charged for every 30 minutes of delay when a client is late for a scheduled time or if scheduled makeup exceeds allotted time because of client delays.

**SERVICE LOCATION AND REQUIREMENTS:** Location of service for the day-of-event will be at the discretion of the client. A set-up table/work area needs to be made available for the Makeup Artist at said location. Ample lighting, whether by means of natural light or by lamps, is necessary for services to be performed properly.

**TRAVEL FEE:** A mileage fee of \$15 per twenty miles will be charged for locations outside of a fifty mile radius of the city of West Babylon, NY.

**LIABILITY:** All brushes and makeup products are kept sanitary. All products are sanitized between every makeup application. Any skin condition should be reported by the client to the makeup artist prior to application, and if needed a sample test of makeup may be performed on the skin to test reaction.

**PAYMENT:** The final balance is due on the day of the event as one payment when Makeup Artist arrives – no exceptions. The person(s) responsible for the entire balance of payment is the person(s) who has signed the contract.

**CANCELLATION POLICY:** Cancellation must be made 14 days prior to your reserved date or you will be responsible for the full amount of services agreed upon in this contract.

\_\_\_\_\_  
Bride Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Makeup Artist Signature

\_\_\_\_\_  
Date