

Robin McKenna

HAIR & MAKEUP STUDIO

Bridal and Special Events Contract



ADDRESS

35 Quaker Ln, Unit 4
West Warwick, R.I. 02893



PHONE

478.320.9951



INSTAGRAM

@robinish hairstylist4u



EMAIL

Rmckenna51@yahoo.com



WEB

www.robinmckenna.com

CLIENT INFORMATION

First Name _____ Last Name _____

Phone Number _____ Email Address _____

BILLING ADDRESS

Street _____ State _____

City/Town _____ Zip Code _____

SECONDARY CONTACT

Please include secondary contact information in the event you are not able to be reached on the day of your services

First Name _____ Last Name _____

Phone Number _____

WEDDING INFORMATION

Event Date _____ Start Time _____ End Time _____

Venue Name _____

Street _____ State _____

City/Town _____ Zip Code _____

PRICING INFORMATION

Bride Hair and Make-up Package _____ Trial Only _____

Bride Hair Only _____ Bride Make-up Only _____

Travel Fee _____ Toll Fee _____ Parking Fee _____

Tattoo Cover _____

On Site Flat Fee _____ Assistant Fee (6+) _____

Misc Fee _____ Holiday Fee _____

Subtotal _____ Balance Remaining _____

DEPOSIT / PAYMENT TERMS

Your date is not reserved until your deposit is paid.

Your deposit will go towards the total cost of your services.

In signing this contract, the signer agrees that they are solely responsible for the payment of the remaining balance, including the total services rendered to each person outlined in this contract.

The remaining balance is always due in full on the day of service.

All valet fees will be charged to the Bride's room.

CANCELLATION TERMS

You may cancel at any time; however, your deposit will be non-refundable.



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BRIDAL PARTY PRICING INFORMATION

Bridal Party Hair and Make-up Package _____

Bridal Party Hair Only _____ Bridal Party Make-up Only _____

Bridal Party Requiring Services

Total Persons _____

Subtotal _____ Balance Remaining _____

TOTAL BRIDAL / EVENT COST _____ **BALANCE DUE** _____

PRINT NAME _____

SIGNATURE _____ **DATE** _____

NOTE

It is the responsibility of the bride to inform the stylist of any forms of allergies to any make-up and/or hair products for herself and the members of her wedding party.

By signing below, you give consent to be photographed with the understanding that your picture could be used in the future for advertising on website and/or portfolio for future clients to view. You also understand that your name will not be disclosed with use of pictures without your expressed permission.