

## Bridal Party Contract

*Wedding Date:* \_\_\_\_\_ (mm/dd/yr)

Dear Bride:

Congratulations on your engagement! Elavina Salon and Spa would be honored to be a part of your special day. Our expert staff of Bridal Specialists will work with you to make your experience the very best it can be! A few things are required in order to confirm your appointment dates and times.

1. Please complete all the information in this Contract and return it to the Salon. Once we've had a chance to review your contract we will provide you with a quote that will include the complete cost of all bridal party services. Your wedding date and times will then be put on a courtesy hold for 7 days, pending your deposit. We understand that prices are subject to change, as you and/or your attendants may change their services prior to your wedding. You will have 14 days prior to your wedding date to adjust your services form (attached). We would be happy to make the changes for you, however, we will only accept them from you (the bride) or a specified alternate contact.
2. Once your contract is complete and approved by you, we will then reserve the time for your bridal party services with a non-refundable deposit equal to 50% of the total services, which will be deducted from your final total.

The final contract amount will be due 48 hours prior to your wedding services. Also, please note:

- A travel and mileage fee will be assessed for all destination weddings. In other words, all services performed at a location other than the Salon. For out-of-state destination weddings, the fee will be adjusted according to distance.
- For holiday and/or Sunday weddings, an additional fee is applied, as noted on Page 2.

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### BRIDE INFORMATION

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

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone (H):** \_\_\_\_\_ **Phone (C):** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Preferred method/time to contact:** \_\_\_\_\_

**\*Alternative Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

(if bride cannot be reached)

\*Service changes can only be made to this contract by the Bride and/or her alternate, and must be made no later than 14 days prior to the date of the wedding services.

## WEDDING INFORMATION

(Please complete all information)

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

Wedding Location: \_\_\_\_\_

Location of Services: \_\_\_\_\_ In Salon \_\_\_\_\_ Offsite \_\_\_\_\_ Expected Finish Time: \_\_\_\_\_

### Destination Weddings Only:

Offsite address services will be performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please be sure to inform us if any changes occur.*

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## BRIDAL SERVICES

Please check all that apply.

Up-do/ Blowdry/Style Consultation (complimentary)  Up-do/Blowdry/Style Trial\*  Up-do/Blowdry/Style

Make-up Consultation (complimentary)  Make-up Trial\*  Make-up  Eyelashes

Bridal Facial  Wax (pls. circle – face, chin, brow, upper lip)  Manicure  Pedicure  Spray Tan

### Salon Use

Date of Up-do/ Blowdry/Style Consultation: \_\_\_\_\_ Time: \_\_\_\_\_ Trial Date:\* \_\_\_\_\_ Time: \_\_\_\_\_

Date of Make-up Consultation: \_\_\_\_\_ Time: \_\_\_\_\_ Trial Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Bridal Facial: \_\_\_\_\_ Time: \_\_\_\_\_ Date of Waxing: \_\_\_\_\_ Time: \_\_\_\_\_

\* After this appointment, the bride and Salon Manager will review the services on the contract.

The following additional charges will be applied for services performed offsite, i.e., destination weddings:

- Travel fee of \$150.00 and up
- Mileage fee – based on IRS guidelines currently at \$.575 per mile
- Holiday or Sunday fee – \$200.00 (*New Year's Day, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve, Christmas Day, or New Year's Eve.*)

• Trial service fees are not included in the contract. Payment is due the day the service(s) is/are rendered.

## MEMBERS OF WEDDING PARTY AND SERVICES REQUESTED

Number in Wedding Party Booked for Services. \_\_\_\_\_ (not including the bride)

Attendant #1. \_\_\_\_\_ Position in Party. \_\_\_\_\_  Up-do  Blowdry/Style

Make-up  Eyelashes  Manicure  Pedicure  Spray Tan  Up-do/Blowdry/Style *Trial*  Make-up *Trial*

Bridal Specialist(s). \_\_\_\_\_ (for salon use)

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Attendant #2. \_\_\_\_\_ Position in Party. \_\_\_\_\_  Up-do  Blowdry/Style

Make-up  Eyelashes  Manicure  Pedicure  Spray Tan  Up-do/Blowdry/Style *Trial*  Make-up *Trial*

Bridal Specialist(s). \_\_\_\_\_ (for salon use)

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Attendant #3. \_\_\_\_\_ Position in Party. \_\_\_\_\_  Up-do  Blowdry/Style

Make-up  Eyelashes  Manicure  Pedicure  Spray Tan  Up-do/Blowdry/Style *Trial*  Make-up *Trial*

Bridal Specialist(s). \_\_\_\_\_ (for salon use)

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Attendant #4. \_\_\_\_\_ Position in Party. \_\_\_\_\_  Up-do  Blowdry/Style

Make-up  Eyelashes  Manicure  Pedicure  Spray Tan  Up-do/Blowdry/Style *Trial*  Make-up *Trial*

Bridal Specialist(s). \_\_\_\_\_ (for salon use)

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Attendant #5. \_\_\_\_\_ Position in Party. \_\_\_\_\_  Up-do  Blowdry/Style

Make-up  Eyelashes  Manicure  Pedicure  Spray Tan  Up-do/Blowdry/Style *Trial*  Make-up *Trial*

Bridal Specialist(s). \_\_\_\_\_ (for salon use)

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Attendant #6. \_\_\_\_\_ Position in Party. \_\_\_\_\_  Up-do  Blowdry/Style

Make-up  Eyelashes  Manicure  Pedicure  Spray Tan  Up-do/Blowdry/Style *Trial*  Make-up *Trial*

Bridal Specialist(s). \_\_\_\_\_ (for salon use)

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Attendant #7. \_\_\_\_\_ Position in Party. \_\_\_\_\_  Up-do  Blowdry/Style

Make-up  Eyelashes  Manicure  Pedicure  Spray Tan  Up-do/Blowdry/Style *Trial*  Make-up *Trial*

Bridal Specialist(s). \_\_\_\_\_ (for salon use)

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Attendant #8. \_\_\_\_\_ Position in Party. \_\_\_\_\_  Up-do  Blowdry/Style

Make-up  Eyelashes  Manicure  Pedicure  Spray Tan  Up-do/Blowdry/Style *Trial*  Make-up *Trial*

Bridal Specialist(s). \_\_\_\_\_ (for salon use)

## BILLING INFORMATION

We will use the credit card information provided below for the balance of the contract 48 hours prior to your wedding services, unless we are notified ahead of time that another form of payment will be used. Should services run over the quoted amount in the contract, the appropriate credit card will be charged for the overage.

We look forward to working with you, and thank you for choosing Elavina Salon & Spa!

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**Credit card Information.**    Visa    MasterCard    Discover    Amex

Name on Card: \_\_\_\_\_

Address Associated with Card: \_\_\_\_\_

\_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CSC or CVV Code: \_\_\_\_\_ (3 digits on back of card)

*I have read, understand and agree to the terms of this contract.*

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

<u>Salon Use</u>		
Service Totals, _____	Deposit Fee, \$ _____	Payment Date, _____
Date Final Deposit Due, _____	Final Amount Paid, _____	Date: _____

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Salon Signature

\_\_\_\_\_  
Date