



Bridal Agreement

INFORMATION

Wedding date: _____

Bride's name: _____ Groom's name: _____

Bride's address: _____

Bride's phone number: _____ Bride's email: _____

Secondary contact: _____ Phone number: _____

Allergies, skin conditions, sensitivities: _____

Bride's trial appointment date: _____ Trial appointment time: _____

Trial appointment location: _____

Wedding photographer name: _____ Phone number: _____

WEDDING DETAILS

Time of ceremony: _____ Time of pictures: _____

Wedding venue: _____

Location of make-up application: _____

Time that all make-up must be started: _____

Time that all make-up must be completed: _____



LINDA SMITH

ESTHETICIAN

PRICING

- \$75 deposit due upon completion of this agreement
- Remaining balance due no later than prior to services rendered on the day of your wedding
- Contour, highlight, brow fill, lip and eye application for bride included in total price
- Bridesmaids/family members are \$75 extra per person (Includes: contour, highlight, brow fill, lip and eye application)
- Premium false lash application for \$25 per person
- 10% off booking make-up for 3+ bridesmaids/family members

TRIAL SESSION

This session is required for all brides to guarantee wedding day satisfaction. ***Your trial is included in the total price***, and session is up to 1.5 hours. If you have any photos and/or examples of a make-up style you prefer, feel free to bring them along. Please arrive cleansed and moisturized.

LIST OF MAKE-UP APPLICANTS

BRIDE: _____

NAME: _____

NAME: _____

NAME: _____

NAME: _____

NAME: _____

NAME: _____

NAME: _____

NAME: _____



LINDA SMITH

ESTHETICIAN

AGREEMENT TERMS

A \$75 deposit is required to reserve the wedding date. This is non-refundable. Due to the nature of the business your wedding date will not be held until a deposit is paid and an agreement is received. The remaining balance can be paid by cash, credit card, check, Venmo or PayPal, and must be received prior to services rendered on or before the day of your wedding. Your deposit will be deducted from the wedding day balance. **Non-payment from any applicants prior to services on the day of your wedding will result in non-service.**

Please inform bridesmaids and family getting makeup on your wedding day that the accepted forms of payment are cash, credit card, check, Venmo or PayPal.

PHOTO RELEASE AGREEMENT

I, _____ authorize KISS MY LASH PDX, to use my photos for their websites, advertisements or any social media accounts.

TRAVEL FEE

Travel fee is \$35 per hour (one hour minimum). No travel fee required for venues within 15 miles of Gladstone, OR 97027

I, _____ have read through and understand all terms and conditions of this agreement and have supplied all correct and required information.

CLIENT SIGNATURE: _____ DATE: _____