

# Contract for Wedding Makeup Services

## Makeup Locker

Thank you for your interest in my Makeup services. Please carefully review this bridal contract. I require this contract to be completed prior to securing the wedding date with a 25% deposit of the balance. The Pre-Wedding Makeup Consultation must be paid for separately on the day of the consultation. The balance for your wedding party will be due on the date of your wedding by cash or bank transfer.

A Mileage fee will be charged where appropriate. Please feel free to contact me with any questions or concerns you may have in regards to your wedding appointments. I look forward to working with you and your wedding party. Thank you and congratulations!

Bride's name \_\_\_\_\_

Home Address \_\_\_\_\_

Tel numbers \_\_\_\_\_

Wedding Date and desired completion time \_\_\_\_\_

Trial Date & Venue \_\_\_\_\_

Wedding Day Venue \_\_\_\_\_

	COST £
Pre-Wedding Consultation _____	_____
Wedding Day - Bride _____	_____
Wedding Day - Bridesmaid 1 _____	_____
Wedding Day - Bridesmaid 2 _____	_____
Wedding Day - Bridesmaid 3 _____	_____
Wedding Day - Mother of the Bride _____	_____
Any Other Services required _____	_____
Additional Travel Costs _____	_____
	TOTAL COST Less PWC £ _____
	DEPOSIT 25% £ _____
	Any Products _____
	<b>BAL to PAY on the day £</b> _____

*Emma R Locke I.M.A.*

*74 Castan, 10 Albion Terrace, Blackwood, NP12 1D4*

*Phone: 07760 223629*

*E-mail: makeuplocker@gmail.com*

*Bank Details: Account Name: Emma Locke, Account Number: 30168988 Sort Code: 52-30-03*

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**IMPORTANT TERMS TO READ:-**

**BOOKINGS:** To secure a date, a signed contract and deposit is required. Please be advised, dates and scheduled makeup times will only be reserved when a signed contract and deposit are received.

**SERVICE LOCATION AND REQUIREMENTS:** Location of service for the day-of-event will be at the discretion of the client, but there are certain requirements the makeup artist needs to complete the makeup applications. A "set up" table/work area needs to be made available for the makeup artist at said location.

**PARKING FEES:** Where parking, valet or toll fees may be incurred, the amount will be included with the final bill and due for payment on the day of the event.

**TRAVEL FEE:** A mileage fee of £2.50 per 20 minutes drive will be charged for locations outside of the NP12 area.

**LIABILITY:** All brushes and makeup products are kept sanitary and are sanitized between every makeup application. Makeup products used are professional but are used at the client's own risk. Any

skin condition should be reported by the client to the makeup artist prior to application, and if need be, a sample test of makeup may be performed on the skin to test reaction. Client(s) agree to release the makeup artist (Emma R Locke) from liability for any skin complications due to allergic reactions.

**PAYMENT:** 25% deposit is required to secure the date, and the final balance is due on the day of the event as one payment – no exceptions. The person(s) responsible for the entire balance of payment is the person(s) who has signed this contract.

**CANCELLATION POLICY:** Cancellations must be made (30) days prior to your reserved date to qualify for a refund of your deposit, and 14 days prior to your reserved date or you will be responsible for the full amount of services agreed upon in this contract.

I, \_\_\_\_\_, agree to the appointments scheduled, and the prices and policies listed in this contract. I understand and agree to the 25% deposit to secure appointments for my party, and that the Pre Wedding consultation is paid separately and on the day of the consultation. I agree to pay the complete balance for my wedding party on the day of the wedding listed in this contract. I understand and will comply with the cancellation policy. I understand that no refund will be given for members of the wedding party who miss their appointment on the day of the wedding. I also understand that I am responsible for balances from any members of my party who fail to provide payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Emma R Locke I.M.A.*

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