

Wedding Date: _____
(mm/dd/yr)

Bridal Party Contract

Dear Happy Couple:

Congratulations on your engagement! We are honored that you have chosen Corner Salon to be a part of your special day. We require a few things in order to confirm your appointment date and time.

Please be aware that this is a contract that requires a valid credit card to reserve your appointment. A _____ deposit will be held to "Save the date". No charges will be made to your credit card until services are performed. However, in the event that you must cancel your appointment less than 4 weeks (30 days) prior to the reserved wedding date, you will forfeit your deposit and your credit card will be charged \$150. If a cancellation is made within five (5) days or less, your credit card will be charged for 50% of the cost of services.

Credit card Information: _____ Visa _____ MasterCard _____ Discover _____ Am. Express

Name on Card: _____

Address associated with card: _____

Card #: _____ *Ex. Date:* _____ *3 digit Security #:* _____

I have read, understand and agree to the terms of this contract. Deposit payment by credit card is due upon booking salon services for wedding day.

Signature

Date

Wedding Date: _____
(mm/dd/yr)

Lockport, IL 60441

In order to expedite your booking, please complete the following form. Don't hesitate to contact our wedding coordinator at Corner Salon if you have any questions. We look forward to working with you.

Contact Information

Name/s: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Preferred method/time to contact: _____

Alternative Contact Name (if bride is from out of town)

Name: _____

Phone: _____

Wedding Information

Wedding Date: _____ Time: _____

Wedding Location: _____ Photo Time: _____ Number

in Wedding Party booked for salon services: _____

In salon 892 N State St. Lockport IL 60441

On site: _____

Wedding Services

Bridal Services (circle all that apply): 1 **Complimentary Trial** **Wedding Make-up** **Wedding Up-do** **Manicure**

Date of Practice Up-do: _____ Time: _____

Date of Practice Make-up: _____ Time: _____

Date of Wedding Up-do: _____ Time: _____

Corner Salon

892 N. State Street

Lockport IL 60441

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Members of Wedding Party and Exact Services Needed:

First & Last Name:	Position in Party:	Services:	Service Provider: (Completed by salon)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

What is your preferred time of departure? _____

Are there any special requests for this day? _____

Service subtotal: _____

Travel fee: _____

Gratuuity: 15% 20% 25%

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REMINDER:

- Be sure all members of the bridal party have clean and dry hair with gel and/or styling product in their hair upon arrival.
- Please remember all accessories (veils, flowers, etc.)
- Please wear a button down shirt on the day of the formal style.
- Please arrive for your services with your entire party on time; please consider our guests who are scheduled after you. If a wedding party is late for the stylist, the stylist may or may not be able to accommodate the new arrival time. If the scope of the original contract cannot be fulfilled due to client's tardiness, services may be reduced. However, clients are liable for the original total fee.
- If getting ready off site, travel fee (starting at \$100) is determined by length of time to travel to and from a venue.

Corner Salon also offers a full menu of hair, skin, & nail care to further assure you and your bridal party look and feel amazing!