

RED LIPSTICK

makeup studio



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Thank you for your interest in Red Lipstick Makeup Studio's Make up & Hair services! Please carefully review this contract. We look forward to working with you and your wedding party. Thank you and congratulations!

Bridal Contract

Bride's Name: _____

Mailing Address: _____

Phone: _____

Email: _____

What is your preferred method of contact: *(phone)*, *(text)* or *(email)*. *Please circle.*

Wedding Date: _____

Wedding Colors *(if any)*: _____

Bride's Consultation Date: _____

Total number of people that will need makeup service: _____

Total number of people that will need Hair Services: _____

Will any other wedding party members need make up service: YES or NO

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Wedding Details

Time of wedding: _____

Location of venue: _____

Bride must be ready by: _____

Location of makeup application (*studio or venue*):

Wedding Planner

Contact: _____

Photographer

Info: _____

Bridal Contract Terms:

BOOKINGS: To secure a date and time a signed contract and retainer of \$25.00 per service per person is due at the time of signing. **The retainer is non-refundable/ non transferable**

Initial _____

We kindly request that each client provide electronic photos of each person worked on. They can be emailed to redlipstickmakeupstudio@gmail.com

In the event that the contracted Makeup Artist is unable to perform the services agreed upon due to an emergency, illness, or unexpected occurrence a trusted substitute Makeup Artist/ Hair stylist will be assigned and informed of the contracted and discussed arrangements.

We do not accept last minute services on the day of the event. Please make every person that needs service is listed on the contract. We need a certain amount of time per person to give quality service.

DELAYS: A late fee of \$30.00 will be charged for every 30 minutes of delay when a client is late for a scheduled time or if scheduled makeup exceeds allotted time because of client delays. We as the artist have the right to refuse service due to delay in time.

Initial _____

SERVICE LOCATION AND REQUIREMENTS: Please have a clean washed face. If hair service required please have hair washed and dried (extra services fee required). Ensure location temperature is cool and not hot so that makeup and hair will set properly. Ample lighting is also required, whether natural

TRAVEL FEE: Flat fee per makeup artist ranging from \$20.00 - \$50.00 (within San Fernando Valley & Los Angeles)

PARKING FEE: Any parking, valet or toll fees must be paid by client, if applicable.

LIABILITY: All brushes and makeup products are kept sanitary. All products are sanitized between every makeup application. Any skin conditions or sensitivities of the client(s) should be reported by the makeup artist prior to application, and if needed a sample test of makeup may be performed on skin.

PAYMENT: The final balance is due on the day of the event or prior to services. The Person(s) responsible for the entire balance of payment is the person(s) who has signed the booking contract.

CANCELLATION POLICY: Cancellations or rescheduling must be made 14 days prior to your reserved date or you will be responsible for the full amount of services agreed upon in this contract.

Initial _____

WE HAVE THE RIGHT TO REFUSE SERVICE TO ANYONE: If our makeup artist(s) or hairstylist(s) feel uncomfortable, threatened or verbally abused in any way, she will have the right to leave the premises without completing services.

I, _____, agree to have my appointments scheduled as needed, and the prices and policies listed in this contract as applicable to my scheduled appointments. I understand and agree to the non-refundable deposit to secure appointments for my party. 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.

Client Signature / Date

Red Lipstick Makeup Representative/ Date