



Lash • Brow • Makeup Artistry

## Bridal Makeup Contract



### *Our Promise to You*

Here at iLashNY it is our intention to ensure that each of our brides walks into her special day with complete confidence in her appearance. We pay close attention to detail and use top quality, professional products based on extensive research in order to create a look that will not only last throughout the entire day, but will remain timeless throughout the years. Each of our artists is extremely passionate about her work and takes pride in the outcome. We make every effort to consult with each individual to determine what she desires in order to create the most beautifully customized, perfect look for the *big day*.

# The Specifics

## Event Details

Bride Name (first, last): \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Total # of faces: \_\_\_\_\_ Makeup End Time: \_\_\_\_\_

Makeup Location: \_\_\_\_\_

## Pricing

Price per makeup application:

In-studio: \$100/bride, \$90/other | On-location: \$115/bride, \$100/other

\* all makeup applications include temporary false lash application

\* a non-refundable deposit equal to 20% of the total cost of services is due with acceptance and signature of this contract

\* final headcount along with corresponding balance is due 6 weeks prior to the event date

\* please note that we cannot accept gratuity via credit card payment

Additional Faces:

|   |    |
|---|----|
| 1 | 9  |
| 2 | 10 |
| 3 | 11 |
| 4 | 12 |
| 5 | 13 |
| 6 | 14 |
| 7 | 15 |
| 8 | 16 |

Non-Refundable Deposit Amount (20%): \_\_\_\_\_

Paid via: \_\_\_\_\_ Card on File: \_\_\_\_\_

Final Balance: \_\_\_\_\_ Due: \_\_\_\_\_

We hereby agree that the information provided within this agreement is accurate as is written. This contract states that services are to be rendered by *iLashNY* and paid in full by the *Client*, according to the details contained within. Prices quoted are based on the number of applications agreed upon; any cancellations after \_\_\_\_\_ will be subject to full payment. (date)

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

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

\* FOR STUDIO USE:

Total amount of time: \_\_\_\_\_ Makeup Start Time: \_\_\_\_\_

Artist(s) scheduled: \_\_\_\_\_

Additional Notes -