



383 Highway 36
Port Monmouth, New Jersey 07758
732-787-6200 fax 732-787-4012
Off Site Bridal Party Contract

Brides Name _____

Address _____

Telephone Number _____ Cell Phone _____

Date of event _____ Day of Week _____ Start Time _____

Location of Services _____

Bride: (please check item(s) that apply)

* Hair \$150.00 _____ * Make-Up \$100.00 _____

Attendants:

* Hair _____ @ \$100.00 each * Make-Up _____ @\$75.00 each

Flower Girl:

* Hair _____ @ \$60.00 Each

EVERYONE MUST HAVE CLEAN & DRY HAIR, AN ADDITIONAL CHARGE WILL BE MADE IF WE MUST DRY HAIR BEFORE STYLING, BUTTON DOWN SHIRT SUGGESTED

Total Amount of Contracted Services: \$ _____

I, _____ Agree to the scheduled date and times, as well as the full contract rate as stated above. The contracted rate and the fees agreed upon is for the number of persons listed in this contract only. Any additional persons must be approved by the owner prior to the event and will be subjected to an additional fee. A minimum fee of \$400.00 is required or a \$100.00 travel fee will be added to the contracted rate. I consent to a 50% deposit of the total contract to secure the date and times as stated above. I agree to pay the balance in full on the day of the event by Cash. I understand the deposit will not be refunded upon cancellation unless 72 hours notice is received. No refund will be given for members of bridal party who miss their appointments the day of the event.

Credit Card Number _____ Expiration Date _____

Deposit Amount _____ Amount due day of event in cash _____

Signature _____ Date _____