

Office Use Only-

DATE turned in _____

Form of payment- cash ___ check ___ credit card ___

Employee _____



Thank you for choosing Glamour Shop to help make your Wedding Day Dreams a Reality. Our staff understands how important this day is to you and we'll do our best to ensure this is a day of happiness and celebration! A wonderful wedding is in the details, the following information helps us prepare for your Bridal Party on the day of the wedding.

Please return this contract promptly either in person, email or mail it to the address below. Once received we can get your date reserved. If you've already requested a HOLD on the date we will hold it for 7 days without a completed contract.

Glamour Shop
106 Gateway Drive
Waupun, WI 53963
glamourshop106@gmail.com

If you have any questions, please contact us at 920.324.2511 or email: _____

Wedding Date: _____

Bride's Name: _____

Bride's Phone #: _____ Bride's Email Address: _____

Bride's Mailing Address: _____

Requested stylist for the bride: (if any? But not guaranteed, depends on stylist availability)

Bride's services (check all that apply)

___ **Wedding day Up-Style** ___ **Up-Style trial**

___ **Wedding day makeup** ___ **Makeup trial**

Ceremony or Picture Start Time: _____ Time You Need To Leave Glamour Shop: _____

Will Attendants Pay Individually? YES ___ NO ___

Alternate contact:

Name: _____ Phone #: _____

Email Address: _____

A non-refundable deposit of \$70 to hold your date is required. Deposit will go towards brides' service the day of the event.

Any cancellations (from contract) made less than 14 days before the wedding date will be charged at full service price to the credit card on file. No exceptions.

Credit Card Information to secure date & deposit **THIS IS REQUIRED TO HOLD THE DATE:**

Credit Card #: _____

Name As It Appears On Card: _____

Expiration Date: _____ CVC#: _____

Billing Address/Zip: _____

Signature _____ Date _____

Please Read & Initial The Following Statements:

____ CHANGES - To make changes to this agreement please contact us at 920.324.2511. Please do not leave answering machine messages requesting changes to your Bridal Party Contract. No changes will be made via voice mail message, you can leave a message for your Bridal Consultant to contact you or the person you assign on the first page of this contract. Our Front Desk Staff will NOT make changes to your contract. Additional appointments made within 6 weeks of the event must be secured with a credit card at the time of booking.

____ LATE ARRIVALS- Please understand that if a wedding party is late we may not be able to accommodate the new arrival time. If the scope of the original contract can't be fulfilled due to a late arrival from your group, services may be reduced in time. Guests are still liable for the original service amount if they are late and the service is shortened. If your party is more than 60 minutes late without making any contact with us we will consider your party a NO SHOW and immediately charge ALL services to the credit card on file.

____ LAST MINUTE ADDITIONS - May not be possible, if a request for additional wedding day appointments is made, we will do our best to accommodate but please understand, we will not move or cancel other salon guests to fit another person into your party. Your Bridal Party may not be the only guests in the salon that day and we must be mindful of those clients scheduled after your Bridal Party.

____ DEPOSIT- You understand that in order to hold your appointments we require a Credit Card on file and a \$60 deposit to secure your event date. The deposit will be applied to the bride's service. By signing this contract you give Glamour Shop permission to use the credit card on file to charge 100% of the services that are canceled less than 14 days from the event date.

____ CHECKOUT- You understand the credit card on file will be charged for any outstanding balances left by the Bride or Attendants on the day of the wedding for Services or Products.

Your signature represents acknowledgement of our Bridal Contract Policies.

Signature: _____ Date: _____

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