

Signature Styles

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Wedding Contract

Thankyou for choosing Signature Styles for your wedding day.We want your day to be as carefree as possible. We can take care of your hair, nail, and makeup needs for your special day. Please complete and return a copy of the following form so we can schedule all of the services needed for you and your wedding party.

Please be aware that this agreement is a contract that requires a check, money order or credit card to reserve all of your appointments. The complete cost of the bridal services will be quoted upon completion of the form. A 50% deposit is required to hold the day. If services are cancelled 30 days prior to the wedding date, we will refund the deposit less 20%. Cancellations after this point are non refundable. Additional changes require 30 days advance notice. "No shows" or cancellations without 30 days notice will be charged in full for services booked. For your convenience the remaining balance, including the 20% gratuity is due one (1) week prior to the wedding date. This will add ease and enjoyment on your day

Wedding Price Details

Trial Run:*Atrial run is recommended for the Bride. This needs to be booked at least 30 days prior to the wedding day. Based on availability, the actual appointment can be booked up to a week before the wedding. The trial will take place in the salon. We offer a complementary verbal consult for hair/makeup. The fee for the trial run is \$160.00 for hair/makeup, \$110.00 for hair only.*

Deposit:*Deposit will be 50% of the grand total. Deposit is required to hold the date of the wedding, and is due at least 3 months prior to event.*

Travel:*There is a travel fee of \$50.00 per stylist to travel within 30 miles of Montpelier, VT. Travel fees will be negotiated if the distance is greater than 30 miles.*

Sunday/Holiday Wedding:*Additional fees apply for weddings held on a Sunday or a Holiday. See fee schedule below.*

Credit Card Fees:*There will be a 3% surcharge for payment made by credit card.*

Wedding Day Logistics

On the wedding day, the wedding party needs to arrive 15 minutes before their scheduled time wearing a button down or loose fitting shirt. To ensure completion of services within the time frame all attendants must adhere to the schedule. All attendants must arrive with their hair pre shampooed and dried. The stylist will not allow time for this. If such cases arise, the stylist will charge extra to blow dry

(if time permits) or the service will be forfeited and the charge will still apply. If makeup is to be included, we highly recommend that the party provide their personal foundation. The stylist needs a designated space to set up when on location. The Bride will be responsible for clearing an area before the stylist arrives. The stylist will need a work area with a chair near an outlet in a no walk-through area. Good light and a mirror is a plus! If services cannot be performed for any reason including insufficient work conditions or tardiness, all fees still apply. The stylist will not be held liable for any injuries that should arise while on location.

Wedding Day Information

Wedding Date: _____

Brides Name: _____ Grooms Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Location of Services on Wedding Day:

(Name / Address / Phone)

Time Bride needs to be completed by:

(NOTE! Please allow time for driving, getting dressed and photographs)

Services Requested

(Upstyle, Half Upstyle, Curls, Blowout and Makeup)

Bride

Mother of Bride & Groom

Name: _____

Service: _____

Name: _____

Service: _____

Bridesmaids

Name: _____

Service: _____

Name: _____

Service: _____

Name: _____

Service: _____

Name: _____

Service: _____

Name: _____

Service: _____

Flower Girl

Name: _____

Service: _____

Wedding Day Fees

Day of the Wedding Estimated Costs \$ _____

Gratuity (20% of Services) \$ _____

Travel Fee (\$50 / Per Stylist) \$ _____

TOTAL \$ _____

Sunday Weddings (add \$100) \$ _____

Holiday Weddings (add \$200) \$ _____

GRAND TOTAL \$ _____

Credit Card Fee (3%) \$ _____

Deposit to hold date (50%) Date Paid: _____ \$ _____

Remaining Balance Date Paid: _____ \$ _____

Method of Payment

(Please Circle)

Check

Money Order

Credit Card (3% fee)

Card Number: _____ Expir. Date: _____

CCV Number: _____ Zip Code w/ Card: _____

Signature _____ **Date** _____

