

Wedding Date _____ (mm/dd/yy)

Bliss

Salon & Spa

Bridal Agreement

12319 Ocean Gateway | Ocean City, MD | 410.213.1122 | www.blissoc.com | blissocmd@gmail.com

Dear Bride,

Thank you for choosing Bliss Salon & Spa for your wedding day. We want your day to be as carefree and special as possible. Please complete and return the following forms so we can schedule all the services needed for you and your wedding attendees.

Please be aware that this agreement is a contract that requires cash or credit card (Visa or MasterCard) to reserve your appointments. The complete cost of the services will be quoted upon completion of the forms. A credit card authorization is required to hold the day and times scheduled.

Wedding Information

Wedding Location: _____

Time of Wedding: _____

Time all services should be complete: _____

Number in party requesting service(s): _____

Bridal Information

Bride's Name: _____

Bride's Phone Number: _____

Bride's Mailing Address: _____

Bride's E-mail: _____

Bride's Contact Person's Name and Phone #

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Makeup Services

Trial Makeup Application - \$150

Wedding Day Airbrush Makeup Application - \$150

Temporary (24 hr.) eyelash extensions (In addition to makeup) - \$25

Hair Services

Stylist may add surcharge for wet or extra-long hair

Trial Hair Style - \$150

Wedding Day Hair Style - \$150

Wedding Day Hair Style, age 12 and under - \$75

Additional Enhancements

Clip in Hair Extensions (application only, hair extensions not provided) - \$45

Extra-long, thick hair - \$30

Bliss offers a full menu of hair, skin, and nail care as well as massages to further assure you and your wedding attendees look and feel amazing.

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Policies- Please read, initial and sign where applicable

Appointment Date and Deposit/CC Authorization: _____ initials

Your appointment date(s) and service(s) will be secured when the signed contract and credit card (Visa or MasterCard only) authorization page is received and completed. All bookings for weddings are made on a "first-come-first-served" basis. No dates will be guaranteed without a signed contract and a paid deposit of \$150, \$25 of which is a non-refundable booking fee.

Authorization/Deposit: _____ initials

All services scheduled must be held with a credit card valid through the date of service. We require a valid credit card to be authorized and kept on file and a signed agreement from the Bride.

Services & Payments: _____ initials

Your balance can be paid by cash or credit card. If paying by cash or credit, you may make your payment before or after receiving your services on the day of your event.

Additional Charges: _____ initials

Prices are subject to change at any time without notice, as well as, when styling needs change or services are added.

Contract & Appointment Changes: _____ initials

All agreements will be made in writing. Any changes/additions to guests or wedding attendees requesting additional services after the contract is signed must be submitted in writing (email). Changes will be accepted up to 14 days prior to the service date. The Bride/individual signing this contract is the only person permitted to authorize, submit, and change any arrangements for the wedding attendees. Contracts and changes made by anyone other than the individuals signing or listed on these contracts are not allowed and considered invalid. Gina Shaffer (Owner) is the only authorized personnel to accept and make any requested changes.

Cancellations: _____ initials

In the event that you need to cancel all or any part of your scheduled appointment(s) or alter services for anyone in your party, we require two weeks (14 days) advance notice of cancellation, after which time, 50% of the cost of services for everyone in your party, less your \$150 deposit, will be charged to the credit card on file and will be non-refundable. If a cancellation is made within one week (7 days) or less, your credit card will be charged for the remaining balance of the total cost of services.

I have read all the Bliss Salon & Spa Bridal policies and agree to all terms.

Signature _____

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Late Arrivals: _____ initials

Tardiness results in scheduling and service conflicts for you and other clients following your appointment(s). If the scope of the original contract cannot be fulfilled due to client's tardiness, services may be reduced; however, clients are liable for the original amount. If a wedding party is more than 30 minutes late, the assumption will be that the client is a "no-show" This will result in the client forfeiting all deposits and your credit card will be charged 100% of the total services. We apologize for any inconvenience, but we must follow this policy out of respect for our stylist and other clients.

Bride's Name: _____

__ Trial Styling __ Trial Makeup __ Wedding Day Styling __ Wedding Day Makeup
__ Clip-in Hair Extensions Application (hair extensions not provided) Estimated Cost: _____

Name: _____

Relationship to Bride/Groom: _____

__ Trial Styling __ Trial Makeup __ Wedding Day Styling __ Wedding Day Makeup
__ Clip-in Hair Extensions Application (hair extensions not provided) Estimated Cost: _____

Name: _____

Relationship to Bride/Groom: _____

__ Trial Styling __ Trial Makeup __ Wedding Day Styling __ Wedding Day Makeup
__ Clip-in Hair Extensions Application (hair extensions not provided) Estimated Cost: _____

Name: _____

Relationship to Bride/Groom: _____

__ Trial Styling __ Trial Makeup __ Wedding Day Styling __ Wedding Day Makeup
__ Clip-in Hair Extensions Application (hair extensions not provided) Estimated Cost: _____

Name: _____

Relationship to Bride/Groom: _____

__ Trial Styling __ Trial Makeup __ Wedding Day Styling __ Wedding Day Makeup
__ Clip-in Hair Extensions Application (hair extensions not provided) Estimated Cost: _____

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Name: _____

Relationship to Bride/Groom: _____

Trial Styling Trial Makeup Wedding Day Styling Wedding Day Makeup
 Clip-in Hair Extensions Application (hair extensions not provided) Estimated Cost: _____

Name: _____

Relationship to Bride/Groom: _____

Trial Styling Trial Makeup Wedding Day Styling Wedding Day Makeup
 Clip-in Hair Extensions Application (hair extensions not provided) Estimated Cost: _____

Name: _____

Relationship to Bride/Groom: _____

Trial Styling Trial Makeup Wedding Day Styling Wedding Day Makeup
 Clip-in Hair Extensions Application (hair extensions not provided) Estimated Cost: _____

Name: _____

Relationship to Bride/Groom: _____

Trial Styling Trial Makeup Wedding Day Styling Wedding Day Makeup
 Clip-in Hair Extensions Application (hair extensions not provided) Estimated Cost: _____

Name: _____

Relationship to Bride/Groom: _____

Trial Styling Trial Makeup Wedding Day Styling Wedding Day Makeup
 Clip-in Hair Extensions Application (hair extensions not provided) Estimated Cost: _____

*To obtain the service(s) you want on the specific day and time(s) you need, we require a credit card authorization and signed agreement from the Bride. You will be notified via email with the names of each individual receiving services and what service(s) they will be enjoying. Please respond via email and confirm that all appointments are correct. This way there will be no confusion prior to scheduled date.

*Be sure all individuals receiving services have clean, dry hair

*Please wear a button-down shirt on the day of the hair services

* Please arrive for your services with your entire party on time: please consider our guests who are scheduled after you.

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Estimated Cost \$ _____

Gratuity (20% of Services) \$ _____

Total \$ _____ Initials _____

Credit Card Authorization

Credit Card Type: Visa MasterCard

Name as it appears on card: _____

CV Code: _____

Credit Card Number: _____

Expires: _____

Billing Address: _____

Card-holder's Signature: _____ Date: _____

Bliss Salon & Spa will keep all of this information strictly confidential.

Acceptance Agreement

Please understand that you are taking full responsibility for your group. If you are in agreement, please promptly sign and return to Bliss Salon & Spa via USPS or email (addresses above). We will not consider your appointment(s) firm until receipt of the signed agreement and receipt of cash deposit or a credit card number (Visa or MasterCard only) to be held on file.

Signature _____ Date _____

On behalf of Bliss Salon & Spa, we look forward to hosting your wedding party on your special day.

Thank You!