# Natalie Sieminski Beauty - Bridal Makeup Contract

Congratulations on your engagement! I look forward to providing you with excellent service on your wedding day. This contract is required along with a \$100 deposit in order for your wedding date to be reserved. The complete balance for your wedding party will be due upon completion of the services. This contract should be filled out as accurately as possible to best service the bride and her party. Please contact me with any questions or concerns in regards to your wedding appointments. I look forward to working with you and your wedding party on your special day! Xoxo

#### **Pricing**

Bridal Trial \$125 Makeup Application (Airbrush or Traditional, Lashes Optional) \$125

#### Deposit

The complete contract and \$100 deposit is required in order to reserve your wedding date. The deposit is non-refundable. Deposits should be paid via Zelle (4108124692).

## **Payment**

The final balance agreed upon in this contract is due on the day of the event with NO EXCEPTIONS. The person signing this contract is the person responsible for paying the final amount. Payments can be made in cash, Zelle (4108124692) or Venmo (@nataliesieminski). If an assistant is needed for the wedding day, they will be paid directly.

#### **Makeup Trials**

Makeup trials are done in my home in Rosedale, MD on certain weekdays. Trial appointments should be scheduled through Natalie directly.

#### **Assistant MUA**

An assistant may be needed depending on start/finish time and total headcount on the wedding day. Please discuss this before signing the contract so that the contract can be completed as accurately as possible. The bride is responsible for keeping the makeup artist up to date in headcount changes as far in advance as possible (one year) so that an assistant can be secured if need be. An assistant fee of \$100 (per assistant) will be added to the final bill and due on the day of the event.

#### Liability

All brushes and tools are sanitized prior to any makeup application. Any skin condition should be reported by the client to the makeup artist prior to application. If necessary, a sample of the makeup may be applied to the skin to test for a reaction. Clients agree to release the makeup artist from liability for any skin complications due to allergic reactions.

#### **Cancellations**

Cancellations must be made at least 30 days prior to your reserved date. Otherwise, you will be responsible for the total amount of services agreed upon in this contract.

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#### Minimum # of Services

There is a 6 person minimum for wedding parties. If the headcount drops to less than 6 people after signing this contract, the payment of six services is still required. Please note that flower girls DO NOT count towards the headcount.

#### Travel

A travel fee will be applied for locations further than 20 miles (round trip) from Rosedale, MD. This amount will be added to the final bill and will be due on the day of the event. Fees for parking or tolls will be added to the final bill and will be due on the day of the event. Travel fee should be confirmed with Natalie before submitting this contract.

21-50 miles round trip (\$25)

51-80 miles round trip (\$50)

81-110 miles round trip (\$75)

101-130 miles round trip (\$100)

# **Early Morning Start Time**

When the start time is any time before 7am, an additional \$50 is applied to the total bill per hour.

## **Holiday Fee**

A holiday fee of \$100 will be applied to weddings taking place on a holiday weekend.

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Bride Name:	
Bride Phone:	
Wedding Date:	
Desired Start/Finish Time on Wedding Day: (Start):(Finish):	
Wedding Day Address:	
Total # of People Being Serviced:	
Travel Fee (If Applicable):	
Total Deposit Amount: Date Deposit Paid:	
Deposit Paid Via (check one):Zelle (4108124692)Venmo (@nat	aliesieminski)
Total Balance Due (After Deposit):	
I,, agree to have my appointr	nents scheduled
as agreed, and that the prices and policies in this contract apply to said appointments. I understand and agreed	ee to the non-
refundable deposit to secure appointments for my party. I agree to pay the co	mplete balance for
my wedding party on the day of the wedding listed in this contract. I understand with the cancellation policy. I understand that no refund will be given for mem	• •
wedding who will miss their appointment on the day of the wedding. I also und	
responsible for balances for any members of my party who fail to provide pay	ment.
Signature: Date:	