



salon bliss & spa

Bridal Party Contract

Thank you for choosing Salon Bliss & Spa for your special day. Our professional staff is committed to providing the most memorable experience for you and your bridal party. We are honored and excited that you have chosen us to be a part of your special celebration.

Salon Bliss & Spa promises your day will be filled with relaxation and beauty as your wedding day dreams become a reality.

Bride *Information*

Name : _____ Phone: _____

Email Address : _____

Address : _____

City : _____ State : _____ Zip Code : _____

14229 Hall Road. Shelby Township, Michigan 48315

Phone. 586.247.2626 email. salonblissandspa@yahoo.com website. salon-bliss.com

Wedding Date : _____ Location : _____



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In *Salon*

TRIAL

Hair Trial Date : _____ Stylist : _____

Make up Trial : _____ Artist : _____

THE WEDDING DAY

Start Time : _____ Finish Time : _____

Stylist: _____ Artist: _____

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On location

On Location Fee: _____

Location Address: _____

Phone Number: _____

Contact Person: _____

Start Time: _____ Picture Start/ Finish Time: _____

Total # For Hair: _____ Total # For Makeup: _____



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Bridal Party *Information*

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Cancellation Policy

Any cancellations made with less than 14 days notice, will be charged to the credit card associated with this contract. The ENTIRE cost of the cancelled services will be placed on the credit card. PLEASE INITIAL:_____

Late Arrival/No Show

If a wedding party is more than an HOUR late with out making any contact with us, we we assume the client is a NO SHOW. In this case, the client forfeits all deposits and payments.

If a wedding party is late for their scheduled service time, and notifies us of a new time; the stylist' s may or may not be able to accommodate. In this case, the original contract can not be fulfilled therefore services may be reduced; however the client is still liable for the original amount. PLEASE INITIAL:_____

NO change can be through voicemail, you must submit any changes in writing via email or speak with one of our bridal team specialist. (Sarah Markey or Tiffane Colombo) PLEASE INITIAL:_____



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Credit Card Information

Type: _____ Card #: _____

Name (as it appears on the card):

Expiration Date: _____ CVC #: _____

Billing Address: _____

Signature: _____

Drivers License #: _____

Consent for use of photos

Sign below to allow use of your photos on our website or social media sites. (The bride reserves the right to select the photos)

Bride : _____ Date : _____

Photographers information

(So we can obtain permission to post pictures)

Name: _____ Email: _____

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Deposit Information

We require a \$100 deposit to hold your appointments.
This money is applied the day of your wedding.

Deposit paid : _____ Date: _____

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