



Makeup & Hair Contract

Thank you for your interest in Hart My Style makeup and hair services. Please carefully review this contract. We require this contract to be completed and submitted with a non-refundable deposit of \$_____ to book a date. The day of your booked event the remaining balance will be due in cash. Please feel free to contact me with any questions or concerns you may have in regards to your appointment.

HART MY STYLE SERVICES

THESE PRICES DO NOT INCLUDE GRATUITY

	Quantity	Subtotal
Wedding Day Bride Makeup + Hair		\$250
Wedding Day Bride Makeup.....		\$150
Wedding Day Bride Hair		\$110
Bridal Party Makeup + Hair 1-2 people.....		\$160
Bridal Party Makeup + Hair 3-4 people.....		\$150
Bridal Party Makeup + Hair 5+ people		\$145
Special Occasion/ Engagement Makeup + Hair		\$175
Hair Only.....		\$90
Makeup Only.....		\$90
Airbush Foundation Only		\$60
False Lash Application		\$10
Hair Extension Clip-Ins (Not Provided)		\$10
Flower Girl Makeup (10yrs and under)		\$40
Flower Girl Hair (10yrs and under)		\$50
Travel Fee for first 5 miles		Included
Travel Fee each additional mile (Round-trip)		\$1.25
Early Morning Fee 5:00 - 6:00AM (Per artist).....		\$60
Early Morning Fee 6:00 - 7:00AM (Per artist)		\$40
Early Morning Fee 7:00 - 8:00AM (Per artist)		\$20
Holiday Fee Per Artist.....		\$25
Total		

*This **SERVICE CONTRACT** is made in agreement by _____(Client) and Hart My Style. The Client and the Hart My Style agree as follows:

*I _____(Client) have informed Hart My Style of any allergy or reaction I may have to products, chemicals, foods, substances, etc. Hart My Style is not responsible or liable for any allergy or reaction caused while performing services agreed upon above. _____(Initial)

*It is the responsibility of Hart My Style to perform services stated above. Additional Makeup Artists may accompany the contracted Hart My Style depending on the size of the party and the time frame given. In the event that the contracted Hart My Style is unable to perform the services agreed upon due to an emergency, illness, or unexpected occurrence, a trusted substitute Makeup Artist will be assigned and informed of contracted and discussed arrangements. _____(Initial)

*A \$ _____ **NON-REFUNDABLE** deposit is **due at the time of contract agreement and signing**. This deposit is required to reserve the date and book makeup and hair services for the booked event. _____(Initial)

*The payment that Hart My Style receives at the time/day of the event must be in one payment. If persons receiving makeup are paying individually, please have all individual payment amounts collected and put together ahead of time of arrival of Hart My Style. Cash payments are the **ONLY** accepted forms of payment. _____(Initial)

*A \$25 additional fee will be charged **EVERY 30** minutes the bride or member of the bridal party is late. This is to ensure timely completion of makeup services. _____(Initial)

*It is the responsibility of the Client to pay any parking or valet fees. Hart My Style will automatically add a flat rate of \$15 for hotel valet parking for each artist to your balance. Gratuities are not included in the rates, and are greatly appreciated. _____(Initial)

*Photo Release Agreement:

I, _____ authorize Hart My Style to use my photos for their website, advertisements, Instagram or facebook page. _____(Initial)

*Hart My Style is not responsible for maintaining your hair styling and makeup application once the artist have completed styling and makeup services.

***CANCELLATION POLICY:** Cancellations must be made no later than 30 days prior to the event. This is to ensure Hart My Style stylist and artists have time to book other appointments in the event that the date (scheduled above) is no longer needed. Upon cancellation, the client will have no further liability to Hart My Style. Hart My Style has the right to terminate this contract for any non-compliance of the terms listed. 7 days prior to event date 50% of total services must be paid to Hart My Style. _____(Initial)

Client Signature

Date

Hart My Style Signature

Date

Name: _____

Contact Number: _____

Date of Event: _____

Event Location: _____

Email: _____