

BRIDAL AGREEMENT

Bride’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Arrival:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Services must be completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bride:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Makeup $\_\_\_\_\_\_\_\_ Lashes $\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_\_\_

Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Makeup $\_\_\_\_\_\_\_\_ Lashes $\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_\_\_

Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Makeup $\_\_\_\_\_\_\_\_ Lashes $\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_\_\_

Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Makeup $\_\_\_\_\_\_\_\_ Lashes $\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_\_\_

Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Makeup $\_\_\_\_\_\_\_\_ Lashes $\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_\_\_

Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Makeup $\_\_\_\_\_\_\_\_ Lashes $\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_\_\_

Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Makeup $\_\_\_\_\_\_\_\_ Lashes $\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_\_\_

Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Makeup $\_\_\_\_\_\_\_\_ Lashes $\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_\_\_

Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Makeup $\_\_\_\_\_\_\_\_ Lashes $\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_\_\_

Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Makeup $\_\_\_\_\_\_\_\_ Lashes $\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_\_\_

Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Makeup $\_\_\_\_\_\_\_\_ Lashes $\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_\_\_

Travel Fee $\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount $\_\_\_\_\_\_\_\_\_\_\_\_

Deposit Fee $\_\_\_\_\_\_\_\_\_\_\_\_

A $150.00 non-refundable deposit by cash or credit card will be required to reserve services for the event date. Balance is due on the day of the service.

Remaining Balance $\_\_\_\_\_\_\_\_\_\_\_\_

Yes, I (Client’s Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to the terms of the contract on this date (Today’s date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for choosing SOAK BY CK! I look forward to helping make your special day a little more beautiful. Life is short, stay polished! Chris*

SOAK BY CK

Christina Kitchen

Licensed Aesthetician & Freelance Makeup Artist

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