

MICHELLE RAASCH MAKEUP

BRIDAL CONTRACT

BRIDES NAME: _____

EMAIL: _____ PHONE: _____

WEDDING DATE: _____ CEREMONY TIME: _____

MAKEUP LOCATION: _____

MAKEUP START TIME: _____ ADDITIONAL DETAILS: _____

TOTAL # PAYING CLIENTS TO BE DONE _____ COMPLIMENTARY CLIENTS: _____

COST PRICE PAYING CLIENTS: _____

I/WE HEREBY AGREE THAT THE ABOVE INFORMATION IS CORRECT AND THAT THE QUOTED PRICES TALLIED WITH THE NUMBER OF APPLICATIONS RENDERED (INCLUDING COMPLIMENTARIES WHICH MAY OR MAY NOT BE APPLICABLE)

CANCELLATIONS AFTER THIS DATE ARE IN FULL _____ TERMS & CONDITIONS APPLY.

BRIDE SIGNATURE _____ DATE: _____

ARTIST SIGNATURE _____ DATE: _____