



**140 Lancaster Rd.
Whitefield, NH
03598**

(603) 837-8854

Sheardestinys.net

-Bridal Contract-

Thank you for your interest in Bridal services at Shear Destiny Salon and Day Spa. We strive to provide our clients with the highest quality of service and professionalism in an atmosphere of serenity and beauty. We are so thankful you have chosen Shear Destiny as your choice for your big day and we promise to make it one that is truly unique and memorable.

Nestled in the White Mountains, Shear Destiny is conveniently located in quaint, town of Whitefield, NH. We are delighted that our home will become a place you will never forget.

We offer complete bridal service packages for the bride and the bridal party. We will work closely with the bride to arrange dates and times of all your services. In order to accommodate your needs for this very special day, we suggest planning six months prior to set the wedding date.

Before we can begin scheduling, we require a bridal contract to be completed and submitted, including a deposit, before wedding appointments are reserved. For your review, we have attached our intake forms and bridal contract. Once this is completed and submitted, we will then begin the process of reserving appointments. The complete balance including a 20% gratuity for you/your wedding party will be due in full on the day of your services. Please feel free to contact us at any time with any questions or concerns. We look forward to working with you on this big day.

Thank you for choosing Shear Destiny Salon and Day Spa and ***Congratulations!***

Bridal Party Pricing

(All Pricing Stated is for ON SITE Services)

Travel Fee PER Stylist \$150.00
(First 25 miles)

Formal Styling \$90
Makeup Application \$75
(Air brush Foundation)

Fake Lashes \$15.00

Off Salon Hours, Sunday or Holidays

Our hours of operation are Tuesday-Saturday. We are available by request only to accommodate Sunday Weddings and Holidays. Special pricing will apply.

On Site Services in Hotel or Home

We are happy to accommodate our brides that prefer to be styled in suite and off site. We do have travel fees that apply in addition to all of the above pricing. Travel fee for the first 25 miles will be an additional \$150 per stylist/ make-up artist. Parking fees must be paid by bride if applicable.

- A credit card is required to reserve appointments. All major credit cards are accepted.
- We require a 30 day notification to cancel bridal appointments.
- If NOT canceled prior to 30 days, the deposit credit card will be charged full price of the services booked.
- Those who are not present on day will be charged full amount for scheduled appointments.
- Due to the fact that often times we have either regular clients scheduled before or after your bridal party or another wedding, we may be unable to adjust your timing outside of contracted hours.

Formal Styling

Please do not wash your hair the day of your appointments. We recommend that you wash your hair the day before your up-styling appointment and try to use little product as possible.

Bride Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Wedding Date: _____

Desired Finish Time for Appointments: _____

Location: _____

Time of Ceremony: _____

Bride's Name: _____

Desire (check all that apply)

Trial Run Hair (in salon only)

Trial Run Make-up (in salon only)

Wedding Day Formal styling

Wedding day make-up

Hair Length: Long Medium Short (please circle one)

Hair Texture: Straight Wavy Curly (please circle one)

Bridal Guest's Name: _____

Relationship to bride/groom: _____

Desire (check all that apply)

Specialty Styling/ Up-styling

Make-up

Hair Length: Long Wavy Short (please Circle One)

Hair Texture: Straight Wavy Curly (please circle one)

Bridal Guest's Name: _____

Relationship to bride/groom: _____

Desire (check all that apply)

Specialty Styling/ Up-styling

Make-up

Hair Length: Long Wavy Short (please Circle One)

Hair Texture: Straight Wavy Curly (please circle one)

Bridal Guest's Name: _____

Relationship to bride/groom: _____

Desire (check all that apply)

Specialty Styling/ Up-styling

Make-up

Hair Length: Long Wavy Short (please Circle One)

Hair Texture: Straight Wavy Curly (please circle one)

Bridal Guest's Name: _____

Relationship to bride/groom: _____

Desire (check all that apply)

Specialty Styling/ Up-styling

Make-up

Hair Length: Long Wavy Short (please Circle One)

Hair Texture: Straight Wavy Curly (please circle one)

Bridal Guest's Name: _____

Relationship to bride/groom: _____

Desire (check all that apply)

Specialty Styling/ Up-styling

Make-up

Hair Length: Long Wavy Short (please Circle One)

Hair Texture: Straight Wavy Curly (please circle one)

Bridal Guest's Name: _____

Relationship to bride/groom: _____

Desire (check all that apply)

Specialty Styling/ Up-styling

Make-up

Hair Length: Long Wavy Short (please Circle One)

Hair Texture: Straight Wavy Curly (please circle one)

Others:

| | | |
|-------|--------------|-------|
| _____ | Relationship | _____ |
| _____ | Relationship | _____ |
| _____ | Relationship | _____ |
| _____ | Relationship | _____ |

A \$100 deposit is required for all bridal bookings. This deposit must be received prior to scheduling any appointments. This is a non-refundable deposit.

Credit Card Number: _____

Expiration: _____

3 Digit Security Code: _____ (on back of CC)

I _____, agree to have my appointments scheduled as needed from the attached intake forms, and the prices and policies listed in this contract as applicable to my scheduled appointments. I understand and agree to the deposit of \$100 at this time to secure appointments for my party. I consent to having the deposit processed at this time. I agree to pay the complete balance for my wedding party in accordance with this bill I will be provided. I understand and will comply with the attached cancellation policy. I understand that no refund will be given for the members of the wedding party who miss their appointments on the day of the event. I also understand that I am responsible for the balances from any members of my party who fail to provide payment.

Signature: _____

Today's Date: _____