



WEDDING SERVICES INFORMATION PROFILE and CONTRACT

Bride Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Select One Option:

Services will be done in the Salon** _____ Services will be done offsite* _____

Wedding Date & Time: _____ Practice Requested (Recommended): Y N

Practice Date & Time: _____

Wedding Location: _____

What time do you (or we, if offsite) need to be at the location? _____

Number of people receiving services: _____ Please indicate number for each service.

Hair _____ Make-up _____ Manicures _____ Pedicures _____

* Offsite Charges: \$150 per staff member traveling to your location.

**Additional Charges: \$50 per staff member per hour prior to 9:00 am.

I, _____, am requesting Serenity Spa & Salon to hold appointment times for wedding services as indicated on the information profile. I agree to pay a deposit of \$250.00 to secure this date and time. I agree to pay the balance due on the day of the services. I understand and agree to pay an 18% gratuity for all services. (18% gratuity is also required for members of the bridal party receiving services.)

I understand that the deposit will not be refunded upon cancellation unless 90 days notice is given by me. I understand that if any member of the wedding party does not show up for the scheduled appointment, I will be charged the full price for the service.

Signature: _____

Date: _____

CC#: _____

Exp. _____

VISA _____ MC _____ AMEX _____

DISCOVER _____ CHECK _____

