



BOOKED BY:
DATE:
GC NUMBER:

Bridal Party Agreement

154 North Broadway Green Bay, WI 54303

Phone: 920-432-0601

Email: Weddings@salonfiftyfour.com

Wedding Date:

Approx. Time to begin:

Approx. Time to leave salon:

Bride's Information

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Married Last Name: _____

Bridal Services: (Mark Services Desired)

___ Up Do

___ Makeup Application

___ Style

___ Eye Lashes: Strips/ Individual lashes

Requested Stylist: _____

Practice Date Scheduled: YES NO Date: _____

Desired Add On Services: _____

Add **Breakfast Box** for \$80, includes 12 bagels, (2) cream cheese, 8 jumbo muffins, orange juice or apple juice, coffee and fruit tray. (serves 10-15)

Yes _____ No _____

Add **Small Breakfast Box** for \$60, includes 5 bagels, (1) cream cheese, 5 jumbo muffins, orange or apple juice, coffee and Fruit tray. (serves 5-9)

Yes _____ No _____



Agreement:

Please initial before each paragraph to acknowledge agreement

_____ A **\$100** non-refundable holding fee is required to reserve your requested service date and times. You may apply this fee towards services. This fee may be paid by check, credit card or cash.

_____ **Wedding Cancellation Policy:** We require a 30-day cancellation notice for your reserved date of service or you will be responsible for 100% (full amount) of the services agreed upon in this contract. This includes any trials and the number of people reserved for services.

_____ Any changes or service add-ons made to the contract will be based on availability.

_____ We reserve the right to change any details, including but not limited to pricing, outlined in the agreement.

_____ A **20%** gratuity will be added to all services.

_____ A credit card is required to book all wedding parties (this information will be kept confidential and will be eliminated after the wedding).

_____ You agree to pay our Salon 4% Experience Fee in addition to service total.

Credit Card Information:

Name On Card: _____

Credit Card Number: _____

Expiration Date: _____

CVV: _____

Credit Card Zip Code: _____

X _____
Contact Person/ Credit Card Holder

SALON FIFTY FOUR

Service prices are as follow & are subject to change:

Bridal Up-do	\$110
Bridal Up-do Trial	\$110
Bridal Makeup	\$125
Bridal Makeup Trial	\$125
Bridesmaid Style	\$100
Bridesmaid Style Trial	\$100
Bridesmaid Makeup	\$125
Bridesmaid Makeup Trial	\$125
Mother of the Bride or Groom Style	\$100
Mother of the Bride or Groom Makeup	\$125
Blow Out Style	\$80
Junior Hair Style (10 years and under)	\$50

**Option of mineral makeup if airbrush makeup is NOT preferred.*

** Lashes are included in all makeup applications.*

Grooming the Groom	\$65
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(Service includes beard maintenance, hair style and skin perfecting airbrush makeup)

Add-On Services:

Partial Face Makeup Application	\$60
Temporary Individual Lashes	\$20
Clip-on Extension Application	\$20
Temporary Tattoo Cover Up	\$50+

****For the day of your services, please arrive with a clean face. Hair must be clean, completely dry and well brushed. There will be a \$15 charge for appointments that arrive with wet or damp hair****

SALON FIFTY FOUR

Attendant #1:

Name: _____ Phone Number: _____
Position in Wedding: _____
Services Desired: _____

Attendant #2:

Name: _____ Phone Number: _____
Position in Wedding: _____
Services Desired: _____

Attendant #3:

Name: _____ Phone Number: _____
Position in Wedding: _____
Services Desired: _____

Attendant #4:

Name: _____ Phone Number: _____
Position in Wedding: _____
Services Desired: _____

Attendant #5:

Name: _____ Phone Number: _____
Position in Wedding: _____
Services Desired: _____

****Add a page if needed for more attendants or write on the back of this page****



WEDDING RECOMMENDATIONS FOR THE DAY OF

1. Book your trial about a month before your wedding day and if possible, plan it on the same day as the last dress fitting.
2. Get your last haircut/color three to four weeks before wedding day.
3. Get any facial waxing at least a week before wedding day.
4. Drink lots of water, eat well and have plenty of rest.
5. As a bride, we suggest you make sure that you communicate to everyone included in your contract that they arrive with dry hair (if hair services are being done) and a clean face (if makeup services are being done.)
6. Please make sure we are made aware if you have any allergies or sensitivities to any ingredients or smells.
7. We would appreciate it if you could share your photographer's business name with us _____ . If you are ok with it, we would love to share your beautiful pictures on our social media.
8. Lastly, we would love to know, how did you hear about us? _____

*We strive for perfection and making your day as special & memorable as possible.
We are grateful that you have chosen Salon Fifty Four to be part of your special day!*

Congratulations in advance!

Customer Name (Print): _____

Customer Signature: _____ Date: ____/____/____

Revised : 10/2024