

1700 Belle Chasse Hwy. Suite A110
Gretna, Louisiana

504-393-1014
www.salonsanity.com

Today's Date: _____ Deposit Amount: \$ _____ Date Paid: _____

Name of Bride: _____ Date of Wedding: _____

~~~~~ Deposit Amount: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ ~~~~~

**Contact Information of Bride:**

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Other Contact Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

\*My appointments will take place at SALON SANITY or ON LOCATION\* (Circle)

Onsite Service Location Address: \_\_\_\_\_

Onsite Service Location Phone number: (\_\_\_\_) \_\_\_\_\_

Location of Wedding Site: \_\_\_\_\_

**Agreement:**

I \_\_\_\_\_ agree to pay a **\$150.00** deposit to secure my appointments for my wedding day on \_\_\_\_\_ with **SALON SANITY** located at **1700 Belle Chasse Hwy. Suite A110, Gretna, Louisiana 70056.**

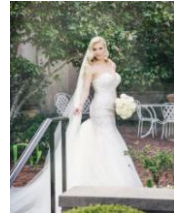
I \_\_\_\_\_ understand that Salon Sanity will deposit the **\$150.00** bridal deposit to ensure the safety of our contract. I \_\_\_\_\_ agree to give a **72 hour cancellation** for myself or anyone in or with my wedding party, or I forfeit the deposit. **If someone in my party is booked for more than one service and changes their mind the day of, I am responsible for paying for that service regardless if it is received or not.** The \$150.00 deposit is applied to the DAY OF THE WEDDING SERVICES. I would like my appointments to start at \_\_\_\_\_ (time).

I have read and agree to the terms stated in this contract.

**Bride's Signature:** \_\_\_\_\_

**Salon Coordinator:** \_\_\_\_\_

*A Bridal Contract with a \$150 Deposit is required when booking the wedding day. The wedding party must be paid in FULL five days prior to the wedding day. (\*IF IT IS ON LOCATION\*) A Travel Fee of \$30 may apply within the city or \$75 outside the city.*



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*To Book your special day, Please Call 504-393-1014*

*OR email us at: [jen@salonsanity.com](mailto:jen@salonsanity.com) or [frontdesk@salonsanity.com](mailto:frontdesk@salonsanity.com)*

### **Special Event Makeup & Hair Packages:**

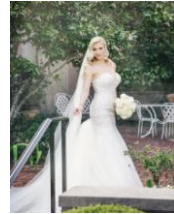
#### **In Salon - Prices**

**Please fill in the number of people receiving services below:**

- \_\_\_\_\_ : Special Occasion Hair only \$50+
- \_\_\_\_\_ : Makeup Only \$50+
- \_\_\_\_\_ : Hair and Makeup together \$100+
- \_\_\_\_\_ : Shampoo/Blow Dry (Additional) \$25+
- \_\_\_\_\_ : Tattoo Cover Up (Additional - Price based on size)
- \_\_\_\_\_ : Clip-In Extensions \$25+

**Additional Charges - Eyelash: This service is done the day before the event except the Strip Lashes (done on the day of).**

- Individual Single Flare - \$ 37+
- V-Lash Extension - \$ 83+
- Lash Extension - \$150+
- Strip Lashes - \$ 13+



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## Special Event Makeup & Hair Packages:

### On Location Prices

#### Bridal Packages:

##### ❖ Brides Special Day Packages:

- \$200 Bridal Hair Only
  - Includes consultation, trial run hairstyle (in salon), special day hairstyle (on location)
- \$100 Add Makeup
  - Includes trial run makeup (in salon), special day makeup and strip eyelashes (on location).

##### ❖ Bridal Party/Family Special Occasion Hair Only Packages:

- 4 Bridesmaids \$300+
- 6 Bridesmaids \$500+
- 8 Bridesmaids \$700+
- 10 Bridesmaids \$900+
- 12 Bridesmaids \$1100+

##### ❖ Bridal Party/Family Special Occasion Hair and Makeup:

- 4 Bridesmaids \$500+
- 6 Bridesmaids \$750+
- 8 Bridesmaids \$950+
- 10 Bridesmaids \$1150+
- 12 Bridesmaids \$1350+

#### A La Carte:

- Special Occasion Hair Only \$100
- Makeup Only \$75
- Hair and Makeup Together \$150
- Tattoo Cover Up (Price based on size)
- Clip-In Extensions \$25+

#### A La Carte Bridal Services:

Please fill in the number of people receiving services below:

- \_\_\_\_\_ : Special Occasion Hair Only
- \_\_\_\_\_ : Makeup Only
- \_\_\_\_\_ : Hair and Makeup Together



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**BRIDE:**

NAME: \_\_\_\_\_ HOME #: \_\_\_\_\_  
\_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAIR    MAKEUP    EYELASH

NAME OF STYLIST (OR STYLIST ON REQUEST): \_\_\_\_\_ AMOUNT: \_\_\_\_\_

ON LOCATION    IN SALON

A LA CARTE SERVICE    BRIDE'S PACKAGE

**GROOM: (OPTIONAL)**

NAME: \_\_\_\_\_ HOME #: \_\_\_\_\_  
\_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAIR    MAKEUP    EYELASH

NAME OF STYLIST (OR STYLIST ON REQUEST): \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**MOTHER OF THE BRIDE:**

NAME: \_\_\_\_\_ HOME #: \_\_\_\_\_  
\_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAIR    MAKEUP    EYELASH

NAME OF STYLIST (OR STYLIST ON REQUEST): \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**MOTHER OF THE GROOM:**

NAME: \_\_\_\_\_ HOME #: \_\_\_\_\_  
\_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAIR    MAKEUP    EYELASH

NAME OF STYLIST (OR STYLIST ON REQUEST): \_\_\_\_\_ AMOUNT: \_\_\_\_\_



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**FLOWERGIRL:** HOME #: \_\_\_\_\_

NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAIR  MAKEUP  EYELASH

NAME OF STYLIST (OR STYLIST ON REQUEST): \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**BRIDESMAID:** HOME #: \_\_\_\_\_

NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAIR  MAKEUP  EYELASH

NAME OF STYLIST (OR STYLIST ON REQUEST): \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**BRIDESMAID:** HOME #: \_\_\_\_\_

NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAIR  MAKEUP  EYELASH

NAME OF STYLIST (OR STYLIST ON REQUEST): \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**BRIDESMAID:** HOME #: \_\_\_\_\_

NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAIR  MAKEUP  EYELASH

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**BRIDESMAID:** HOME #: \_\_\_\_\_

NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAIR    MAKEUP    EYELASH

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HAIR    MAKEUP    EYELASH

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HAIR    MAKEUP    EYELASH

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**FAMILY MEMBERS: (THOSE WHO ARE PART OF WEDDING PARTY)**

NAME: \_\_\_\_\_ HOME #: \_\_\_\_\_  
 \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAIR    MAKEUP    EYELASH

NAME OF STYLIST (OR STYLIST ON REQUEST): \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**FAMILY MEMBERS: (THOSE WHO ARE PART OF WEDDING PARTY)**

NAME: \_\_\_\_\_ HOME #: \_\_\_\_\_  
 \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAIR    MAKEUP    EYELASH

NAME OF STYLIST (OR STYLIST ON REQUEST): \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**FAMILY MEMBERS: (THOSE WHO ARE PART OF WEDDING PARTY)**

NAME: \_\_\_\_\_ HOME #: \_\_\_\_\_  
 \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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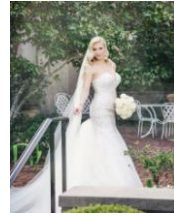
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**EXTRA NOTES:**