



1700 Belle Chasse Hwy. Suite 110A
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:** _____ **Empl. Initials:** _____

Contact Information of Bride:

Home Phone Number: (____) _____ Cell: (____) _____

Other contact number: (____) _____

Address: _____

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 **48 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. 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. 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
jen@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

Additional Charges - Eyelash:

- Individual Single Flare - \$ 31+
- V-Lash Extension - \$ 83+
- Lash Extension - \$150+



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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, special day hairstyle, travel and products for touch up.
- \$100 Add Makeup
 - Includes trial run makeup, special day makeup and eyelashes.

❖ 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+

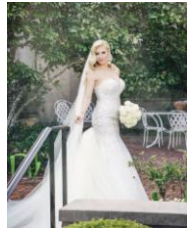
A La Carte:

- Special Occasion Hair only \$100
- Makeup Only \$75
- Hair and Makeup together \$150

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: _____

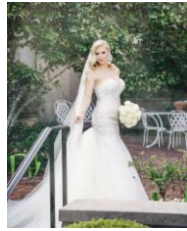
MOTHER OF THE GROOM:

NAME: _____ HOME #: _____
 _____ CELL #: _____

ADDRESS: _____

HAIR MAKEUP EYELASH

NAME OF STYLIST (OR STYLIST ON REQUEST): _____ AMOUNT: _____



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FLOWERGIRL:

NAME: _____ HOME #: _____
 _____ CELL #: _____

ADDRESS: _____

HAIR MAKEUP EYELASH

NAME OF
 STYLIST (OR
 STYLIST ON
 REQUEST: _____ AMOUNT: _____

BRIDESMAID:

NAME: _____ HOME #: _____
 _____ CELL #: _____

ADDRESS: _____

HAIR MAKEUP EYELASH

NAME OF
 STYLIST (OR
 STYLIST ON
 REQUEST: _____ AMOUNT: _____

BRIDESMAID:

NAME: _____ HOME #: _____
 _____ CELL #: _____

ADDRESS: _____

HAIR MAKEUP EYELASH

NAME OF
 STYLIST (OR
 STYLIST ON
 REQUEST: _____ AMOUNT: _____

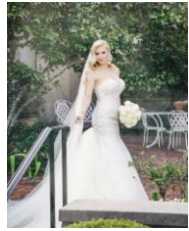
BRIDESMAID:

NAME: _____ HOME #: _____
 _____ CELL #: _____

ADDRESS: _____

HAIR MAKEUP EYELASH

NAME OF
 STYLIST (OR
 STYLIST ON
 REQUEST: _____ AMOUNT: _____



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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

NAME OF STYLIST (OR STYLIST ON REQUEST): _____ AMOUNT: _____

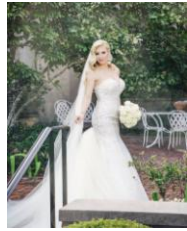
BRIDESMAID: HOME #: _____

NAME: _____ CELL #: _____

ADDRESS: _____

HAIR MAKEUP EYELASH

NAME OF STYLIST (OR STYLIST ON REQUEST): _____ AMOUNT: _____



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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: _____

HAIR MAKEUP EYELASH

NAME OF STYLIST (OR STYLIST ON REQUEST): _____ AMOUNT: _____

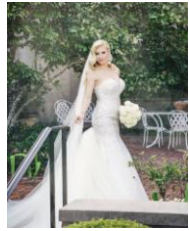
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NAME: _____ HOME #: _____
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ADDRESS: _____

HAIR MAKEUP EYELASH

NAME OF STYLIST (OR STYLIST ON REQUEST): _____ AMOUNT: _____



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