



DI CARLO SALON & BARBERSHOP BRIDAL PARTY CONTRACT

Please complete and return a copy of the following forms, which will provide the information necessary to schedule your services. Details regarding itinerary will be sent to you as the appointments are booked.

Please be aware that this agreement is a binding contract that requires credit card information in order to reserve all appointments. Any discrepancy in price and/or additional services added the day of the original requested service will be the client's responsibility to cover onsite. The total for all services will be included to you within the finalized contract.

The full service fee will be charged for any appointments that are not canceled, changed or attended without a 14-day notice. Additionally, an automatic 20% gratuity will be added to all wedding services. In signing this contract you acknowledge that you have read and understand all stated policies and that they are non-negotiable. (Please go to dicarlosalonbarbershop.com for a full list of salon/barbershop policies)

Responsible Party Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ - _____ Alternate Phone #: (____) _____ - _____

Total Amount for Services: \$ _____

Credit Card Number: VISA or MASTERCARD (Circle One) # _____ - _____ - _____ - _____

Expiration: _____ / _____ Security Code: _____

I have read, agree and understand the terms and conditions of this contract and authorize any charges to my account, if I fail to adjust or cancel my scheduled appointments accordingly. I further acknowledge and accept that service prices may be subject to change at any time without notice.

SIGNATURE: _____ DATE: _____



Wedding Date: _____

Ceremony Time: _____ Ceremony Location: _____

Desired time of departure from salon: _____

Number of guests in Bridal Party receiving services: _____

BRIDE'S INFORMATION

Bride's Name: _____

Bride's Phone Number: _____

Bride's Address: _____

Bride's Email: _____

Groom's Name: _____

SALON PRICING

Bridal Hair – \$70

Trial Updo – \$80

Updo – \$55

Partial Updo – \$40

Shampoo & Blow Dry – \$40

Shampoo, Blow Dry, & Thermal Styling – \$50

Thermal Set – \$40

Bridal Makeup – Traditional \$50; Airbrush \$75

Guest Makeup – Traditional \$40; Airbrush \$65 ****NOTE: Outside makeup artists are not permitted****

Trial Makeup Application – Traditional \$55; Airbrush \$70

Lash Application – Strip \$20; Individual \$25



BRIDE'S WEDDING DAY SERVICES

Please circle all bride's service(s) needed:

Bridal Hair

Makeup (Traditional or Airbrush)

Lash Application (Individual or Strip)

SALON TO FILL OUT:

BRIDE'S WEDDING DAY SERVICES:

Date: _____ Time: _____

Stylist: _____ Cost: \$ _____

Notes:

HAIR TRIAL:

Date: _____ Time: _____

Stylist: _____ Cost: \$ _____

Notes:

MAKEUP TRIAL:

Date: _____ Time: _____

Stylist: _____ Cost: \$ _____

Notes:



BRIDAL PARTY GUEST INFORMATION

Bridal Party Guest Name: _____

Role in wedding: _____

Phone #: (_____) _____ - _____ Email: _____

Services needed (please specify): _____

Stylist (salon will fill out): _____ Time: _____ Cost: \$ _____

Bridal Party Guest Name: _____

Role in wedding: _____

Phone #: (_____) _____ - _____ Email: _____

Services needed (please specify): _____

Stylist (salon will fill out): _____ Time: _____ Cost: \$ _____

Bridal Party Guest Name: _____

Role in wedding: _____

Phone #: (_____) _____ - _____ Email: _____

Services needed (please specify): _____

Stylist (salon will fill out): _____ Time: _____ Cost: \$ _____

Bridal Party Guest Name: _____

Role in wedding: _____

Phone #: (_____) _____ - _____ Email: _____

Services needed (please specify): _____

Stylist (salon will fill out): _____ Time: _____ Cost: \$ _____



BRIDAL PARTY GUEST INFORMATION

Bridal Party Guest Name: _____

Role in wedding: _____

Phone #: (_____) _____ - _____ Email: _____

Services needed (please specify): _____

Stylist (salon will fill out): _____ Time: _____ Cost: \$ _____

Bridal Party Guest Name: _____

Role in wedding: _____

Phone #: (_____) _____ - _____ Email: _____

Services needed (please specify): _____

Stylist (salon will fill out): _____ Time: _____ Cost: \$ _____

Bridal Party Guest Name: _____

Role in wedding: _____

Phone #: (_____) _____ - _____ Email: _____

Services needed (please specify): _____

Stylist (salon will fill out): _____ Time: _____ Cost: \$ _____

Bridal Party Guest Name: _____

Role in wedding: _____

Phone #: (_____) _____ - _____ Email: _____

Services needed (please specify): _____

Stylist (salon will fill out): _____ Time: _____ Cost: \$ _____



HELPFUL TIPS FOR YOUR BIG DAY:

- Wear a button down shirt to your appointment.
- Bring your veil and/or any hair pieces you will be wearing to both your trial appointment and on the day of your wedding.
- Please make sure everyone's hair – including the Bride's – is completely dry with zero styling product applied upon arrival to the salon.
- Arrive 15 minutes before your scheduled time and please be respectful of the scheduling for clients arriving after your appointment.
- Bring food and beverages to enjoy, the salon is yours!

THANK YOU FOR CHOOSING DI CARLO SALON & BARBERSHOP!
WE ARE LOOKING FORWARD TO BEING A PART OF YOUR WEDDING DAY!

767 N Water Street Suite 100

Milwaukee, WI 53202

414-765- 1985

www.dicarlosalonbarbershop.com

Monday 9am – 5pm

Tuesday – Friday 9am – 8pm

Saturday 9am – 4pm