

704-279-5545

MAKEUP ARTIST SERVICE

CLIENT INFORMATION:

Name:	Event date:		
Address:			
Phone:	Email:		
Makeup Location:			
Makeup Start time:	Ready by:		
	MAKEUP SERVI		
O Bridal Makeup	O Special Occasion Makeu	up O Prom/Grae	duation Makeup
O Photo Shoot/Editorial Makeup	O Film/TV/Stage Makeup	O Natural/Ev	eryday Makeup
	SERVICE PRIC	I N G	
Clients to be served:			Price:
Client 1:			
Client 2:			
Client 3:			
Client 4:			
Travel Fee:	Additional Services:		
Total:	Deposit:	Balance Due:	



MAk

704-279-5545 **VICE**

Wedding form

CLIENT INFORMATION:

Brides Name:	Wedding date:		
Address:			
Phone:	Ι	Email:	
Makeup Location:			
Makeup Start time:	F	Ready by:	
	SERVIC	E PRICING	
Clients to be served:			Price:
Bride:			
Bridesmaids:			
I.			
2.			
3.			
4.			
5.			
6.			
Mothers:			
I.			
2.			
Travel Fee:	Additional S	Services:	
Total:	Deposit:	Balance Due:	



MAKEUP SERVICE Contract form

Services Provided		1 (1)
	keup services to the Client for makeup services to be provided shall be agr	•
outlined in the attached schedule or separate wri and skills to provide high-quality makeup service	itten agreement. The Makeup Artist shall us	
Payment Terms		
The client agrees to pay Beautifully You the to refundable deposit of is required to		-
Beautifully You the day the wedding is booked. 'on or before the day of the event(s).	-	
In the event of cancellation by the client, the dep provision of makeup products, tools, and equipm		utifully You's fees include the
Client's Obligations		
The client shall ensure that any allergies, sensiti	1 1	•
advance. The client shall provide any necessal equipment. The client shall ensure that there is services, this shall be discussed prior to the wedden	sufficient time and access for Beautifully	-
Makeup Artist's Obligations		. 1 1. p .(.11
Beautifully You shall use their professional experyou shall use sanitary practices and high-quality		
the makeup services within the agreed-upon ti		=
brushes, tools, and equipment, unless otherwise a	greed upon.	
Client Printed Name	Clients Signature	Date

Makeup Artist Signature

Date

Makeup Artist Name



CLIENT CONSENT client intake form

Ι			
of my knowle	ž	nation provided in this Client Intake Form is accurate onsibility to inform the Beautifully You of any	•
services. I und	=	will exercise their professional judgment and expert p application may vary based on individual factors	
and quality of	I agree to follow any instructions or a the makeup application.	aftercare recommendations provided by Beautifully	You to ensure the longevity
 the makeup ser		ility for any adverse reactions, injuries, or damages s followed industry-standard practices and used reas	
You.	I agree to arrive at the designated pre	eparation venue or location at the scheduled time a	greed upon with Beautifully
services. unless otherwis		inges to the agreed-upon start time may impact the take photographs or videos of the makeup service	
	Client Printed Name	Clients Signature	Date

Makeup Artist Signature

Date

Makeup Artist Name



CANCELATION policy form

We are committed to providing all of our clients with exceptional care in a timely manner. For this reason, we have instituted a 24 hour cancellation policy for all appointments. We understand that sometimes life gets in the way and appointments need to be rescheduled or canceled. However, we kindly ask that you provide at least 24 hours' notice if you need to cancel or reschedule your appointment. This allows us to offer the time slot to another client who may be waiting for an appointment. If you need to cancel or reschedule within 24 hours of your appointment, a fee of the service cost will be charged. If you do not show up for your appointment and do not provide any notice, the full cost of the service will be charged. If you are late we reserve the right to cut your service, you will be charged for the service you booked not the cut service. If you are more than 15 minutes late and we do not have enough time to perform the service due to timing, you will be charged in full. We appreciate your understanding and cooperation in following our cancellation policy. Our goal is to provide the best possible service to all of our clients, and this policy helps us achieve that goal by ensuring that our estheticians' time is used efficiently and effectively. If for any reason Beautifully You has to cancel or reschedule you will be refunded 100% the deposit and all money paid towards the service. I have read this policy and understand that I need to provide at least 24 hours notice when rescheduling or cancelling an appointment. If I fail to contact Beautifully You at least 24 hours in advance, I will be charged the appropriate cancellation fee. Client Printed Name Date Clients Signature

Makeup Artist Signature

Date

Makeup Artist Name



PHOTO & VIDEO Lealeague form

Name:		Date:	
Date of birth:	Age:		
Phone:	Email:		
without payment or any other con	rights of my image, likeness and sound of my voi asideration. I understand that my image may be of inspect or approve the finished product wherein	edited, copied, exhibited, published or	
also understand that this material 1 Photographic, audio or video recon	royalties or other compensation arising or related may be used in diverse educational settings within rdings may be used for the following purposes: • ional presentations, on-line educational courses, e	n an unrestricted geographic area. conference presentations, educational	
	and this permission signifies that photographic ernet or in the public educational setting.	c or video recordings of me may be	
	f the photographs or video recording for any purp lity of this release nor is there any geographic lin		
This release applies to photograph only.	nic, audio or video recordings collected as part o	f the sessions listed on this document	
	ge that I have completely read and fully underst any and all claims against any person or orş	_	
Client Printed Name	e Clients Signature		