

BENEFIT

AN AVEDA SALON

Congratulations! We are honored you have chosen Benefit Salon to be part of this big day! We need just a few things from you before we get started. In order to expedite your booking, please fill out the following form:

BRIDE'S NAME: _____

PHONE: _____

EMAIL ADDRESS: _____

WEDDING DATE: _____ FINISH TIME FOR SERVICES: _____

LOCATION OF OUR SERVICES (CIRCLE ONE) : **IN SALON** **OFF SITE**

IF OFF SITE, ADDRESS OF LOCATION: _____
(Travel fee of \$75 per stylist/MU artist if off site)

PAYMENT:

Will each guest pay for themselves? (Circle one) **YES** **NO**

If not who will be paying? _____

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

GUESTS RECEIVING A TRIAL:

FULL NAME	DATE OF TRIAL	HAIR (Y/N)	MAKE UP (Y/N)	PAID (Y/N)

GUESTS WHO WILL BE ENJOYING SERVICES ON YOUR SPECIAL DAY:

FULL NAME	HAIR (Y/N)	HAIR LENTGH (S/M/L)	MAKE UP (Y/N)

PRICING:

HAIR	\$
BRIDE - TRIAL	75
BRIDE - WEDDING DAY	75
BRIDAL PARTY UP-STYLE	65
BRIDAL PARTY BLOW OUT w/ IRON WORK	65
BRIDAL PARTY BLOW OUT (ABOVE SHOULDER)	55
MAKE UP - INCLUDES FAUX LASHES	\$
BRIDE CLASSIC TRIAL	75
BRIDE CLASSIC WEDDING DAY	75
BRIDE FLAWLESS AIRBRUSH TRIAL	95
BRIDE FLAWLESS AIRBRUSH WEDDING DAY	95
BRIDESMAID - CLASSIC	65
BRIDESMAID - FLAWLESS AIRBRUSH	85
ADDITIONALS	\$
TRAVEL FEE - OFF SITE PER STYLIST	75

BENEFIT SALON & SPA WEDDING AGREEMENT:

As part of our Wedding Agreement, Benefit Salon and Spa requires a credit card to reserve all appointments. Should there be a need to adjust or cancel, all changes must be made 2 months prior to the date of your appointments otherwise the full amount will be applied to your card.

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

I, _____, agree to the scheduled appointment times and prices of the given services on the attached form. I agree to pay the balance due on the day of the event. I also agree that, should cancellations or adjustments be made within 2 months prior my appointments, I will be responsible for the full payment of that service. In addition, we are an appointment based salon. Please remember to arrive 15 minutes before your scheduled appointments. If a guest is late we cannot promise that we will be able to complete their service. We love to show off our work! We would greatly appreciate it if we could take some pictures and post. If you would like us to respect your privacy please let us know!

*Cash and check is encouraged but not required.

SIGNATURE: _____ DATE: _____

SALON: _____ DATE: _____

Once again, thank you for making Benefit a part of your big day!

Please don't hesitate to call should you have any questions or concerns.

BRIDAL COORDINATOR: Rachel Anderson | CELL: 513.309.7988 | EMAIL: Rachel@BenefitSalon.com