

1700 Belle Chasse Hwy. Suite A110
Gretna, Louisiana

504-393-1014
www.salonsanity.com

Today's Date: _____

Name of Bride: _____ Date of Wedding: _____

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

**Contact Information of the Bride:**

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

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

Email 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 SERVICE COST. I would like my appointments to start at \_\_\_\_ (time) & end by \_\_\_\_.

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

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

**Salon Director:** \_\_\_\_\_

*A Bridal Contract with a \$150 Deposit is required when booking the wedding day. The wedding party must be paid in FULL the week prior to the wedding day. (\*IF IT IS ON LOCATION\*) A Travel Fee of \$50 may apply if the location is in the city of NOLA.*



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

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

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### **IN SALON – PRICES**

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

#### **A La Carte:**

- \_\_\_\_\_ : Special Occasion Hair (Bridesmaid) \$75
- \_\_\_\_\_ - BRIDE Special Occasion Hair \$100
- \_\_\_\_\_ : Add> Shampoo/Blow Dry to Style \$25
- \_\_\_\_\_ : Add> Clip-In Extensions to Style \$25

### **ON LOCATION - PRICES**

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

#### **A La Carte: Bride & Bridesmaids Price**

- \_\_\_\_\_ : Special Occasion Hair \$100



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**BRIDE:** HOME #: \_\_\_\_\_

NAME: \_\_\_\_\_ 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)** HOME #: \_\_\_\_\_

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

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

HAIR    MAKEUP    EYELASH

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

**MOTHER OF THE BRIDE:** HOME #: \_\_\_\_\_

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

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

HAIR    MAKEUP    EYELASH

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

**MOTHER OF THE GROOM:** HOME #: \_\_\_\_\_

NAME: \_\_\_\_\_ 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

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: \_\_\_\_\_

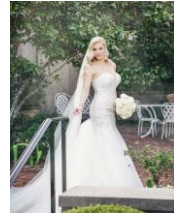
**FAMILY MEMBERS: (THOSE WHO ARE PART OF WEDDING PARTY)**

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

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

HAIR     MAKEUP     EYELASH

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



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**EXTRA NOTES:**