



## Bridal Services Contract

### Bride Information

Brides Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Alternative Contact Name (if bride is from out of town)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Wedding Information

Wedding Date: \_\_\_\_\_

Time: \_\_\_\_\_

Wedding Location: \_\_\_\_\_

Photo Time: \_\_\_\_\_

Number in Wedding Party: \_\_\_\_\_

### Bridal Services

Bridal Services (circle all that apply):

**Practice Up-do** (not optional)

**Wedding Up-do** (not optional)

Practice Make-up

Wedding Make-up

Date of Practice Updo: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Wedding Updo: \_\_\_\_\_ Time: \_\_\_\_\_

**Service Providers** (same for practice and wedding day)

Hair services: \_\_\_\_\_

Make-up: \_\_\_\_\_

### Attendant Information

**Name**

**Phone**

**Services** (note the length of hair)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

**Services Prices**

**Bride's Services**

**Total**

\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_

**Attendant's Services**

**Total**

\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_

**Spa Services**

**Total**

\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_

**SERVICE TOTAL:** \$ \_\_\_\_\_ x 30% deposit = \$ \_\_\_\_\_

**Deposit Information**

**Deposit:** \$ \_\_\_\_\_

**Form of Deposit:**      Check (non-refundable)      Credit Card

**Credit Card Type:**      MC      Visa      American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I \_\_\_\_\_, agree to the scheduled appointment times given on the attached form, and the price listed above. I understand and agree to the deposit of 30% of the total package price at this time, in order to secure the appointments. The balance of the package will be due on the day of services. I understand that the deposit will not be refunded upon cancellation unless 72 hours notice is given by me. I understand that no refund will be given for members of the wedding party who miss their appointment on the day of the wedding.

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

Date: \_\_\_\_\_



Thank you for choosing to share your special day with Jiva Salonspa.

Congratulations! Any questions or concerns please contact us at (319) 268-0772 to speak with a Wedding Coordinator.

## Bride's Copy

### Bridal Services

Date of Practice Updo: \_\_\_\_\_ Time of Practice Updo: \_\_\_\_\_

Date of Wedding Updo: \_\_\_\_\_ Time of Wedding Updo: \_\_\_\_\_

**Service Providers** (must be same for practice and wedding day)

Hair services: \_\_\_\_\_

Make-up: \_\_\_\_\_

### Attendant Information

Name	Services/Time
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

### Reminders

- Spa services you may be interested in:
  - Pedicures- please wear sandals
  - Manicures- we do not offer acrylics but we can do french style polish
  - Massage Therapy, Facials, Body waxing, etc.
  - If interested please fill out a SPA CONTRACT
- Please come in with "day old" or dry hair
- Please arrive 15 minutes early for all scheduled appointments
- Please wear a button down shirt on the day of the updos
- Please remember all accessories (veils, flowers, etc.)