

~ BRIDAL QUESTIONNAIRE ~

PERSONAL INFORMATION

BRIDE'S NAME: _____ GROOM'S NAME: _____

BRIDE'S MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ BRIDE'S EMAIL: _____

HOW DID YOU HEAR ABOUT US? _____

WEDDING DETAILS

WEDDING DATE: _____

CEREMONY LOCATION: _____

RECEPTION LOCATION: _____

WEDDING PHOTOGRAPHER: _____

WEDDING PLANNER: _____

EMERGENCY CONTACT/PHONE #: _____

TIME OF WEDDING CEREMONY: _____ TIME OF PICTURES: _____

HAIR AND MAKEUP

PREFERRED STYLIST: _____ PREFERRED MUA: _____

BRIDE MUST BE READY BY: _____

LOCATION OF HAIR AND MAKEUP SERVICES: _____ IN SALON _____ ON LOCATION

NUMBER OF ATTENDANTS HAVING THEIR HAIR DONE: _____

NUMBER OF ATTENDANTS HAVING THEIR MAKEUP DONE: _____

ANY ADDITIONAL FRIENDS OR FAMILY HAVING THEIR HAIR OR MAKEUP DONE:
(MOTHER OF THE BRIDE, MOTHER OF THE GROOM, FLOWER GIRL, ETC.)

~ PRICING OVERVIEW ~

FOR THE BRIDE

BRIDAL HAIR TRIAL \$95

BRIDAL MAKEUP TRIAL \$65

DAY OF WEDDING BRIDAL HAIR \$125

DAY OF WEDDING BRIDAL MAKEUP \$95

FOR THE BRIDAL PARTY MOTHER OF THE BRIDE/GROOM

FORMAL HAIR STYLE \$55

FORMAL UP STYLE \$85

MAKEUP APPLICATION \$65

FLOWER GIRL (HAIR AND MAKEUP) \$45

ADDITIONAL SERVICES

AIRBRUSH MAKEUP \$25

FALSE LASHES \$15

EYEBROW GROOMING \$10

ADD-IN HAIR EXTENSIONS \$25

TOUCH UP'S \$100 PER HOUR

~ INFORMATION FOR ANYONE NEEDING HAIR AND MAKEUP ~

NAME/CELL PHONE	HAIR		LENGTH OF HAIR			MAKEUP		SKIN TONE		
	YES	NO	SHORT	MEDIUM	LONG	YES	NO	LIGHT	MEDIUM	DARK

~ EXCLUSIVE USE OF SALON LUCERE ~

FOR BRIDAL PARTIES OF 5 OR MORE, WE OFFER EXCLUSIVE USE OF SALON LUCERE ON YOUR SPECIAL DAY. IN ADDITION TO HAVING THE SALON COMPLETELY TO YOURSELVES, WE ALSO OFFER CATERING SERVICES DURING YOUR STAY WITH US. THE FEE FOR THIS AMENITY IS \$50 PER HOUR AND INCLUDES THE FOLLOWING:



CHAMPAGNE

ASSORTED JUICES

FLAVORED AND REGULAR COFFEE

SPECIALTY TEAS

ASSORTED PASTRIES AND NOCHE ITEMS

**** A SPECIAL GIFT FOR YOU AND YOUR BRIDAL PARTY ****



PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

_____ TOTAL NUMBER OF SALON GUESTS (INCLUDING THOSE NOT RECEIVING SERVICES)

_____ I UNDERSTAND THAT IF I DO NOT HAVE EXCLUSIVE USE OF SALON LUCERE, OTHER SALON GUESTS WILL BE PRESENT ON THE DAY OF MY EVENT. BRIDAL PARTY MEMBERS WHO ARE NOT BEING SERVICED WILL REMAIN IN THE RECEPTION LOUNGE TO ENSURE THAT ALL OUR GUESTS RECEIVE EXCELLENT SERVICE.

MY PHOTOGRAPHER _____ WILL OR _____ WILL NOT BE PRESENT TO PHOTOGRAPH MYSELF, MY BRIDAL PARTY AND OTHER GUESTS AS WE GET READY

PLEASE LIST ANY DIETARY CONCERNS FOR SALON GUESTS:

SIGNATURE

DATE

WEDDING CONTRACT

BOOKINGS: TO SECURE A DATE, A SIGNED CONTRACT IS REQUIRED WITH A RETAINER OF EITHER \$150 OR 25% OF THE ESTIMATED TOTAL OF SERVICES DUE AT THE TIME OF SIGNING. PLEASE BE ADVISED THAT A DATE AND THE SERVICES OF SALON LUCERE'S ARTISTIC TEAM WILL ONLY BE RESERVED ONCE A SIGNED CONTRACT AND DEPOSIT ARE RECEIVED. YOUR RETAINER WILL BE DEDUCTED FROM THE WEDDING DAY BALANCE.

TRAVEL FEES: A FLAT FEE OF \$100 WILL BE CHARGED FOR ANY SERVICES BEING PERFORMED ON LOCATION OR ANYWHERE OUTSIDE OF SALON LUCERE WITHIN A 50 MILE RADIUS. TRAVEL FEES EXCEEDING A 50 MILE RADIUS WILL BE DETERMINED ON A CASE-BY-CASE BASIS.

SERVICE LOCATION AND REQUIREMENTS: LOCATION OF SERVICE FOR THE DAY-OF-EVENT WILL BE AT THE DISCRETION OF THE CLIENT. A SET-UP TABLE/WORK AREA NEEDS TO BE MADE AVAILABLE TO BOTH THE HAIR AND MAKEUP ARTIST(S) AT SAID LOCATION. IN ADDITION, ONE ELECTRICAL OUTLET PER STYLIST MUST BE PROVIDED. AMPLE LIGHTING, WHETHER BY MEANS OF NATURAL LIGHT OR BY LAMPS, IS NECESSARY FOR SERVICES TO BE PERFORMED PROPERLY.

LIABILITY: ALL BRUSHES, COMBS AND MAKEUP ARE KEPT SANITARY. ANY SKIN CONDITIONS OR ALLERGY CONCERNS SHOULD BE REPORTED BY THE CLIENT TO THE ARTISTIC TEAM PRIOR TO THEIR APPOINTMENT. IF NEEDED, A SAMPLE TEST OF MAKEUP OR HAIR PRODUCT MAY BE PERFORMED ON THE SKIN TO TEST FOR REACTION. CLIENT(S) AGREE TO RELEASE THE ARTISTIC TEAM FROM LIABILITY FOR ANY SKIN COMPLICATIONS DUE TO ALLERGIC REACTION.

FINAL HEADCOUNT: A FINAL HEADCOUNT FOR SERVICES RENDERED WILL BE DUE IN WRITING 30 DAYS PRIOR TO THE EVENT. NO CHANGES MAY BE MADE AFTER THE FINAL HEADCOUNT AND NO ADJUSTMENTS WILL BE MADE TO THE FINAL BALANCE FOR GUESTS WHO MAY CHANGE THEIR MIND OR MISS THEIR APPOINTMENT.

PAYMENT: AN INITIAL RETAINER OF EITHER \$150 OR 25% OF THE ESTIMATED TOTAL IS REQUIRED TO SECURE A DATE WHEN SIGNING THIS CONTRACT. 30 DAYS PRIOR TO YOUR EVENT, AN ADDITIONAL 50% OF TOTAL SERVICES RENDERED WILL BE DUE, (TOTALING 75%). THE FINAL BALANCE (25%) IS DUE ON THE DAY OF THE EVENT. THE PERSON RESPONSIBLE FOR THE REMAINING BALANCE IS THE PERSON WHO HAS SIGNED THE BOOKING CONTRACT. FINAL BALANCE MAY BE PAID IN THE FORM OF CASH, CHECK OR CREDIT CARD. (A 3% TRANSACTION FEE WILL BE APPLIED TO ALL CREDIT CARD TRANSACTIONS PERFORMED ON LOCATION)

CANCELLATION POLICY: IN THE UNFORTUNATE EVENT THAT SALON LUCERE'S SERVICES MUST BE CANCELLED, A PORTION OF THE DEPOSIT WILL BE RETURNED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:

30 DAYS PRIOR TO THE SCHEDULED EVENT DATE: 100% OF THE DEPOSIT WILL BE REFUNDED
15-29 DAYS PRIOR TO THE SCHEDULED EVENT DATE: 50% OF THE DEPOSIT WILL BE REFUNDED
0-14 DAYS PRIOR TO THE SCHEDULED EVENT DATE: THE DEPOSIT WILL NOT BE REFUNDED

EXCUSED NON-PERFORMANCE: IF FOR ANY REASON BEYOND SALON LUCERE'S REASONABLE CONTROL, INCLUDING BUT NOT LIMITED TO, ACTS OF GOD, FIRE, NATURAL DISASTERS, SEVERE WEATHER CONDITIONS, CIVIL DISTURBANCE, GOVERNMENT REGULATIONS, ACCIDENTS, OR RESTRICTIONS ON TRAVEL, SALON LUCERE IS UNABLE TO PERFORM ITS OBLIGATIONS UNDER THIS AGREEMENT, SUCH NON-PERFORMANCE IS EXCUSED AND SALON LUCERE MAY TERMINATE THIS AGREEMENT WITHOUT FURTHER LIABILITY OF ANY NATURE, UPON RETURN OF CLIENT'S DEPOSIT. IN NO EVENT SHALL SALON LUCERE BE LIABLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY NATURE FOR ANY REASON WHATSOEVER.

ADMINISTRATIVE FEE/GRATUITY: ALL SERVICES ARE SUBJECT TO A 4% ADMINISTRATIVE FEE AND A 20% GRATUITY.

PHOTO RELEASE AGREEMENT: I, AUTHORIZE SALON LUCERE TO USE MY PHOTOS FOR ITS WEBSITE, ADVERTISEMENTS, MARKETING OR SOCIAL MEDIA PAGES. WE WILL NEVER INFRINGE ON ANY COPYRIGHT.

PLEASE INITIAL: _____

PAYMENT INFORMATION: AS PART OF OUR WEDDING AGREEMENT, SALON LUCERE REQUIRES A CREDIT CARD TO RESERVE YOUR WEDDING DATE AS WELL AS ANY TRIAL APPOINTMENTS. YOUR CREDIT CARD WILL ONLY BE CHARGED IF YOUR CONTRACT IS BROKEN OR UPON REQUEST OF THE CLIENT.

PLEASE INDICATE YOUR PREFERRED METHOD OF PAYMENT FOR DEPOSITS:

- CASH
- PERSONAL CHECK
- CREDIT CARD

~ CREDIT CARD INFORMATION ~

VISA _____ MASTERCARD _____ AMEX _____

NAME AS IT APPEARS ON CARD: _____

CARD NUMBER: _____ EXPIRATION DATE: _____ CCV: _____

IF PAYING BY CHECK, PLEASE MAKE CHECKS PAYABLE TO:

**SALON LUCERE
64 BROOKSIDE AVENUE
CHESTER, NY 10918**

I, _____ HAVE READ THROUGH AND UNDERSTAND ALL TERMS AND DETAILS OF THE AFOREMENTIONED AGREEMENT AND HAVE SUPPLIED ALL CORRECT AND REQUIRED INFORMATION.

DEPOSIT OF \$ _____ RECEIVED ESTIMATED HAIR _____ ESTIMATED MAKEUP _____

CLIENT SIGNATURE

DATE

SALON SIGNATURE

DATE

Thank you for allowing us to be a part of your Special Day!

**EXPERIENCE THE SALON LUCERE DIFFERENCE
AND LET YOUR HAIR SHINE!**