

WEDDING HAIR AND BEAUTY SERVICES CONTRACT

Location: _____ Contract No.: _____

Client Information:

Full Name: _____

Phone Number: _____

Email Address: _____

Wedding Date and Time: _____

Service Location Address: _____

Service Provider Information:

Business Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Services Description and Details:

Type of Hair Services Provided (e.g., styling, extensions): _____

Number of Individuals Served: _____

Additional Beauty Services Included (e.g., makeup): _____

Schedule and Timing:

Start Time: _____ End Time: _____

Payment Terms:

Total Contract Price: _____ USD

Deposit Amount (if any): _____ USD

Balance Payment Due: _____ USD

Payment Methods Accepted: _____

Cancellation and Refund Policy:

Client may cancel with written notice at least _____ days prior to the event for a full refund of deposit, less any non-refundable fees.

Cancellations made less than _____ days before the event will result in forfeiture of deposit.

Client Responsibilities:

Client agrees to provide a safe and clean work environment, including adequate lighting, chairs, and setup area.

Client agrees to disclose any allergies or sensitivities relevant to the services provided.

Service Provider Responsibilities:

Service Provider agrees to perform services in a professional manner consistent with industry standards.

Service Provider holds all required licenses, certifications, and insurance to perform the contracted services.

Liability and Indemnification:

Service Provider is not liable for any pre-existing conditions or allergic reactions unless caused by negligence.

CLIENT'S SIGNATURE

SERVICE PROVIDER'S SIGNATURE

Signature: _____

Signature: _____

Original source of this document:

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