ALN MAKEUP ARTISTRY CONTRACT

First Name:Address:		
Phone Number: ()		
Email:Allergies:		
Wedding Date:		
TIME everyone needs to be		
Getting ready address:		
Total number of people for	makeup:	
Bridesmaids: # Gra	ındma: #	
Mother of Bride: #	Flower girl: #	
Mother of Groom: #	_Other: #	
Bride: #		
TOTAL: #		
Do you give Amanda Nelson other clients and/or websit	permission to take befor e? (Circle) YES or	re and after photos to be displayed to NO
		ents wedding date. It takes approx. 30-40 e bride. (Which will be on a separate sheet)
Payment By signing this contract you a The clients wedding date state contract is given/emailed to A	ed above and scheduled tim	ne will only be reserved once the signed
We have discussed and agree the clients wedding stated about run: \$60		and therefore will be paid in full the day of
Bride Price day of the wedding	7: \$100	
Bridesmaids/Crew: \$80 each or		
	cancels 3 months or more b	the wedding date the client must pay ½ of before the wedding date then this contract
If Amanda Nelson is unable to date stated above Amanda wi		reason on the day of the clients wedding st.
Makeup Artists Requests Amanda Nelson will travel to will require a travel fee. Whic		wedding day, one hour or more of travel time ided beforehand.
PRINT FULL NAME	SIGNATURE	DATE
	 íst	