



# bridal service agreement

To schedule a Samee professional for your special bridal event(s), please complete this service agreement and fax to (630) 293-1781 or email to service@sameecosmetics.com. Or if you prefer, call 1-866-9-BEAUTIFUL (1-866-923-2884) to speak to a Samee representative who can answer any question and personally schedule your request today.

### WEDDING DAY SERVICE(S) REQUESTED

(Please check and/or specify the required services)

#### BRIDE

Wedding Day Makeup (\$150):

\$50 : trial makeup application @ Samee Rep location

\$75 trial makeup application @ your chosen location

Wedding Day Stylist:

Bridal Up-Do (starting @ \$125)

Half Up/Down (starting @ \$65)

Bridal Trial (starting @ \$50)

Bridal Style (starting @ \$85)

Blow Dry Style (starting @ \$50)

Flower girl (starting @ 45)

Additional hours for touch-up (\$50):

1 Hour

2 Hour

3 Hour

4 Hour

5 Hour

#### BRIDE ATTENDANTS & GUESTS

(Pricing based on total # of client services performed. See website for pricing. Please specify name and check requested service.)

- |  |  |
|--|--|
| 1) <input type="text"/>                            | 5) <input type="text"/>                            |
| Makeup    Makeup Trial    Stylist    Stylist Trial | Makeup    Makeup Trial    Stylist    Stylist Trial |
| 2) <input type="text"/>                            | 6) <input type="text"/>                            |
| Makeup    Makeup Trial    Stylist    Stylist Trial | Makeup    Makeup Trial    Stylist    Stylist Trial |
| 3) <input type="text"/>                            | 7) <input type="text"/>                            |
| Makeup    Makeup Trial    Stylist    Stylist Trial | Makeup    Makeup Trial    Stylist    Stylist Trial |
| 4) <input type="text"/>                            | 8) <input type="text"/>                            |
| Makeup    Makeup Trial    Stylist    Stylist Trial | Makeup    Makeup Trial    Stylist    Stylist Trial |

#### MOTHERS & GRANDMOTHERS OF BRIDE & GROOM

(Service Fee: \$65 each. Please specify name and check requested service.)

- |  |  |
|--|--|
| 1) <input type="text"/>                            | 4) <input type="text"/>                            |
| Makeup    Makeup Trial    Stylist    Stylist Trial | Makeup    Makeup Trial    Stylist    Stylist Trial |
| 2) <input type="text"/>                            | 5) <input type="text"/>                            |
| Makeup    Makeup Trial    Stylist    Stylist Trial | Makeup    Makeup Trial    Stylist    Stylist Trial |
| 3) <input type="text"/>                            | 6) <input type="text"/>                            |
| Makeup    Makeup Trial    Stylist    Stylist Trial | Makeup    Makeup Trial    Stylist    Stylist Trial |

#### FLOWER GIRL(S)

(Service Fees: Ages 10-15 @ \$45 each. Ages up to 9 @ \$25 each. Please specify name and check requested service.)

- |  |  |
|--|--|
| 1) <input type="text"/>                            | 4) <input type="text"/>                            |
| Makeup    Makeup Trial    Stylist    Stylist Trial | Makeup    Makeup Trial    Stylist    Stylist Trial |
| 2) <input type="text"/>                            | 5) <input type="text"/>                            |
| Makeup    Makeup Trial    Stylist    Stylist Trial | Makeup    Makeup Trial    Stylist    Stylist Trial |



**BRIDE'S PERSONAL INFORMATION**

First name:

Last name:

Address:

City:

State: Illinois ONLY Zip:

Home phone:

Cell phone:

Email address:

**LOCATION OF MAKEUP/HAIR SERVICE**

Location Name:

Address:

City:

State: Illinois ONLY Zip:

Wedding Date: (00/00/00)  /  /

Ceremony Time:  AM PM

Photography Schedule: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OPTIONAL SERVICES**

Engagement Photo Service(s):  
 Makeup (\$125): Hair Stylist (see website for pricing)

**LOCATION, DATE & TIME OF SERVICE(S):**

Address:

City:

State: Illinois ONLY Zip:

Requested Date: (00/00/00)  /  /

Requested Time:  AM PM

**Bachelorette Girls Night-Out Makeup Make-Overs:**

LOCATION, DATE & TIME OF SERVICE(S)—Groups of 3-4 @ \$125 each. Groups of 5 or more @ \$75 each:

Address:

City:

State: Illinois ONLY Zip:

Requested Date: (00/00/00)  /  /

Requested Time:  AM PM

Number attending:

**Bachelorette Girls Night-In Makeup Make-Overs:**

LOCATION, DATE & TIME OF SERVICE(S)—Starting @ \$75/hour:

Address:

City:

State: Illinois ONLY Zip:

Requested Date: (00/00/00)  /  /

Requested Time:  AM PM

Number attending:

