

Courtney Mckim
Makeup Artist / Certified Lash Extensionist

Contract for Makeup Artistry

Pricing and Policies:

I. Pricing

- Bride and Bridal Services:
 - a. Makeup Trial (does not include false lashes)
 - i. Traditional \$65.00
 - ii. Airbrush Makeup 65.00

 - b. Bridal Makeup Application on Wedding Day
 - i. Traditional Makeup \$75.00
 - ii. Airbrush Makeup 85.00
 - iii. False Eyelashes
 - 1. Full Strip Eyelashes \$10.00
 - 2. Individual Eyelashes 15.00

- Special Occasion & Events
 - a. Traditional Full Face Makeup \$75.00
 - b. Airbrush Makeup 85.00
 - c. False Eyelashes
 - i. Full Strip Eyelashes \$10.00

 - ii. Individual Eyelashes 15.00

II. Policies

- Deposit:

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A 25%, **non-refundable**, deposit is required at the time of booking your event to reserve the date and time. The appointment date and time shall be reserved upon receipt of the signed Contract and deposit.

- Cancellation:
 - Cancellations must be received **no later than** fourteen (14) days prior to the scheduled appointment to avoid payment in full of the contract total; and
 - No refunds given for any scheduled members of wedding party or special occasions and/or events who are not present for appointment on event date.
- Additional Fees:
 - Parking
 - Makeup artist will be reimbursed, at the time of final payment, for expenses such as tolls, parking, and valet fees; and
 - Travel
 - All travel in excess of 40 miles from Baltimore, Maryland, will require payment of a travel fee, to be set prior to event, due and payable at the time of final payment.
- Payment:

Fee for services and additional fees (noted above), less deposit are due in full on the day of the event, **no exceptions**.

III. Liability

- All brushes and products are sanitized before each makeup application.
- Client is responsible for reporting any skin condition or allergy prior to makeup application. Makeup artist shall, if agreed necessary, test for skin reaction prior to full application.

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- Client, on behalf of all participants, agrees to release the makeup artist from all liability due to skin complication/allergic reactions.

IV. Contact Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Makeup Trial:

Date & Time: _____

Wedding/Event:

Date & Time: _____

Finish Time: _____

Location of Wedding/Event:

Address: _____

Total Number of Reserved People: _____

Deposit Amount: _____ Total Balance Due: _____

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V. Contract Acceptance

- By signing below, you agree to all the aforementioned terms, prices, and policies.

Signature

Date

Print Name