



499 Canal Street Unit 9
Brattleboro, VT 05301
(802) 257-7911
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Bridal Services Contract

Brides Name: _____

Address: _____

Home Phone: _____ Cell: _____

Emergency Contact: _____

Wedding Date: _____ Wedding Time: _____

Wedding Location: _____

Photography Time: _____ Location of Services: _____

Number in Wedding Party: _____ Package Price: _____

Deposit: _____ Paid: _____

I, _____ agree to the scheduled appointment times given on the attached intake forms, and the price listed above. I understand and agree to the deposit of 25% of the total package price at this time to secure the appointments. I consent to having the deposit processed at the time of booking. I agree to assign one person to pay the balance due on the day of the event. I understand that the deposit will not be refunded upon cancellation unless 72 hours notice is given. I understand that no refund will be given for members of the wedding party who arrive late, miss entirely, or change their appointment on the day of the event. I agree to do my best to ensure that all members of the party arrive 15 minutes prior to their scheduled services. 20% gratuity will be added to all services at time of check out.

Signature: _____ Date: _____

Salon Coordinator: _____ Date: _____