



Expectations

Salon & Spa

Wedding Contract

Expectations Salon & Spa Wedding Contract Policies

Guidelines

- Call Teri Cheney (Owner) at (603) 298-7900 to schedule a required meeting in person or over the phone to discuss services and date(s).
- To schedule service(s), we require at least two months notice prior to your wedding date. If you are unable to give two months notice, we will strive to offer as much of our services as possible, but cannot guarantee everything you might need.
- A 50% deposit of the total Wedding Package and a signed Wedding Contract is required within 48 hours of scheduling reservation(s) to secure date(s) and service(s) which are on a first-come, first-serve basis.
- The individual authorized to change / update any arrangements made within the contract is the individual who submitted and signed the contract.
- Complete contract and bring to scheduled meeting, email at info@expectationssalonspa.com or mail to:

Expectations Salon & Spa
Attn: Teri Cheney
87 North Main Street, Suite 1
West Lebanon, NH 03784

- Teri Cheney (Owner) is the only authorized personnel to schedule appointments, services, accept contracts, payments or make any changes. Please call (603) 298-7900 to make changes.
- Please notify Teri Cheney of any changes to your scheduled appointments within two weeks before scheduled date.
- Payment can be made in the form of cash, check, Visa, Mastercard or Discover. This deposit will be applied to your final balances on the day of your services.
- Practice updo will be \$120 for Bride.
- Bride practice updos are required in order to help ensure client satisfaction.
- All brides are required to schedule a practice updo 2-3 weeks before wedding day.
- Please ensure that you bring all the accessories that you intend to wear in your hair, ex. Tiara, etc.
- It is essential that all members of your bridal party arrive at least 10 minutes prior to their scheduled appointment time. Any members of the bridal party arriving more than 10 minutes late for their appointment may not be able to receive their scheduled service, but will be required to pay full amount including 20% gratuity.

- You will see a line on the total sheet for gratuity. 20% is the industry standard, please include this in your total.
- Additional charges may be required for additional services outside of the signed contract.
- 50% of the total services, gratuity, and travel fee if applicable will be charged in order to reserve the date
- The balance due Including all add ons will be charged to the credit card we have on file on the day before the wedding

Off Location

- Off-location services require a minimum of \$500.
- Travel fee amount is \$200 for up to one hour. Further than one hour is \$250.
- There must be adequate electrical outlets, tables and lighting.

Cancellations

- A 30 day cancellation notice is required prior to the scheduled appointment date(s).
- Deposits will be fully refunded if cancellation notices are made before the 30 day requirement.
- Failure to cancel within the 30 day period will result in the forfeiture of the entire deposit, plus an additional 20% gratuity.
- Please keep in mind that should any party member forgo a prearranged service on date of service, 100% of the charge will apply plus 20% gratuity.

Services & Pricing

* Pricing is subject to change for Off Location Services. *

Formal Styles

Bridal Practice Updo	\$120
Bridal Updo	\$120
Bridesmaid Updo	\$100 & up
Hairstyles	\$85 & up

Makeup & Specialties

Makeup Practice Application	\$100
Makeup Application	\$100
Brow Tints	\$25
Lash Tints	\$25 + up

Flower Girl	\$80 & up
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False Eyelashes	\$20
Ear Piercing	\$25 + up

Contact Information

Bride's Name: _____ Bride's Cell: _____

Bride's Email Address: _____

Bride's Mailing Address: _____

2nd Contact Name: _____ Cell: _____

2nd Contact Email Address: _____

2nd Contact Mailing Address: _____

Wedding Preparation Location: _____

Wedding Date: _____ Departure Time: _____

Payment Type (circle one): Cash Check Credit Card

Credit Card Type (circle one): Visa Mastercard Discover

Credit Card Number: _____ Expiration Date (Month / Year) _____

Name on Card: _____ Security Number: _____

Credit Card Billing Address: _____

Please add any additional requests on the reverse side of the form.

Services: \$ _____

20% Gratuity: \$ _____

Travel Fee: \$ _____

Total Amount in Services: \$ _____

Total Deposit Required: \$ _____
(50% of Total)

Signature: _____ Date: _____

Teri Cheney's Signature: _____ Date: _____