



**SALON**  
DE MARCUS

## BRIDAL SERVICES CONTRACT

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### Bridal Services Contract

Salon DeMarcus · 2000 4th Ave., San Diego, CA 92101 · (619) 239-7700

#### Bride & Contact Information

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Local contact name & phone \_\_\_\_\_

(if bride is from out of town)

#### Wedding Details

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Wedding Date: \_\_\_\_\_ Wedding Time: \_\_\_\_\_

Number in Party: \_\_\_\_\_ Package Price: \$ \_\_\_\_\_ Deposit: \$ \_\_\_\_\_

Photography Time: \_\_\_\_\_ Place: \_\_\_\_\_

#### Location for Our Services

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In Salon  Off Site

Off-site mileage charge: \$ \_\_\_\_\_

(please attach driving directions to location)

#### Payment

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Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

#### Terms & Conditions

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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 20% of the total package price** at this time to secure the appointments. I consent to having the deposit processed **14 days prior to the first scheduled appointment**. I agree 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 by me. I understand that no refund will be given for members of the wedding party who miss their appointment on the day of the event.

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BRIDE'S SIGNATURE

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DATE

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SALON DEMARCUS REPRESENTATIVE

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DATE