

Alura Salon & Spa

1228 Egypt Road
Oaks, PA 19456
484-831-5436

Dear Bride-to-Be,

Thank you for your interest in bridal services at Alura Salon & Spa.

*Your wedding day is one of the most
important
days of your life.*

Included are our intake forms and bridal contract. These will be filled out during your initial complimentary consultation. We will schedule your appointments and provide you with a fee schedule, including any off-site work you may require. When scheduling your consultation, be sure to bring up any questions we can answer for you.

*Thank you for choosing
Alura Salon & Spa and congratulations!*

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BRIDAL SERVICES CONTRACT

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Local contact name and phone (if bride is from out of town):

Wedding Date: _____ Wedding Time: _____

Number in wedding party: _____ **Estimated Package Price**:** \$ _____ Deposit: \$ _____

Photography Time: _____ Place: _____

Location for our services: IN SALON OFF HOURS IN SALON OFF SITE

Off-site mileage charge: \$ _____ (please attach driving directions to location)

Off-Hours in Salon additional charge will be added _____

Credit Card Number: _____ Expiration: _____ CVV Code#: _____

I, _____, agree to the scheduled appointment times given on the attached intake forms, and the price listed above. I understand and agree to the non-refundable deposit of 25% of the total package price at this time to secure the appointments. INITIAL _____

Alura Salon requires the final count and set appointments 10 days prior to the wedding date. There will be a \$75.00 charge for any schedule changes on or after (date) _____ INITIAL _____

I agree to pay the balance due on the day of the event. I understand that the deposit will not be refunded upon cancellation. I understand that no refund will be given for members of the wedding party who miss their appointment on the day of the event.

Signature: _____ Date: _____

Salon: _____ Date: _____

****NOTE: this Package Price is an estimate. Prices may change without notice.**

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INTAKE FORM

Please list below:

HAIR

MAKE-UP

Bride _____

Y/N

Mother of Bride _____

Y/N

Mother of Groom _____

Y/N

Maid Of Honor _____

Y/N

Bridesmaid _____

Y/N

Y/N

Y/N

Y/N

Y/N

Y/N

Y/N

Y/N

Flower Girl _____

Other Guests _____

***Please note: You have 10 days prior to the wedding date to make any changes. Once the final count is in, there will be a \$75.00 charge for any schedule changes. Thank you.**

Signature _____ Date _____

Alura Salon Bridal Services

Complimentary 15 minute Consultations

1 hour Consultation..... \$50

Hair & Make-Up

Trial Up-Do.....\$50

Trial Make-Up.....\$50

Bridal Up-Do.....\$85+

Bridal Make-Up.....\$85

Special Occasion Up-Do.....\$70+

Special Occasion Style.....\$45+

Special Occasion Make-Up.....\$70

Headpiece Placement.....\$15

Trial Day Hair & Make-Up

Bring photos of your gown and hair styles you like. Make-up photos are also helpful.

Bring your veil or headpiece (if you have it) for placement.

We can take a photo of your finished look to meet your expectations on your wedding day.

Bring a friend.

Wedding Day

Wear a button-down shirt.

Arrive with clean, dry hair.

Arrive with clean, lightly moisturized skin.

Arrive at least 10 minutes early.

Have veil/headpiece with you.

Policies

If Stylist is needed to start before 9:00 AM, additional fee applies.

A 25% deposit is required for bridal parties. Deposit will be non-refundable