

Wedding Information Sheet

Makeup Worx



Section A

Name:
Telephone:
Address:
Wedding Date:
Photographer Start Time:
Number of People in Wedding Party:
Time of Wedding:
Church:
Reception:

Referred by:

Section B

Do you have any allergies?		Do you blush easily?	
Do you wear contact lenses?		Do you have any pictures of the look you'd like?	
Where will the makeup application and hair be taking place?			

Section C

Is there a theme to the wedding? Colours, decorations...	
What colour are the flowers?	
What colour are the bridesmaids dresses? Please provide fabric swatch if possible.	

Section E

Makeup Artistry Fees	
Airbrush foundation	
Traditional foundation	
Total Price:	

Time for Hair:

Time for Makeup

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Letter of Agreement

Makeup Worx



This agreement is made this _____ day of _____, _____ between and among Makeup Worx and _____.

The above client wishes to employ the services of Makeup Worx and agrees to the terms and conditions of this agreement.

Services Required:	Amount due per service:
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Trial Application:	Makeup Cost:
Deposit (25%)	
Balance Owing:	

NOTE: There is no refund on deposit for cancellations six weeks prior to the wedding date.

Client Signature

Printed Name

Date

Makeup Artist Signature

Printed Name

Date