



## **Bridal Contract**

Welcome to Adamo Studio Makeup and Day Spa!

Adamo Day Spa is a full service spa that includes facials, massage, body treatments and professional makeup application. We offer complete bridal service packages for the bride and wedding party. Our services include a consultation for the bride to determine the right cosmetic colors and application. Our Spa Coordinator will work closely with the bride to arrange dates and times of services and can arrange delivery of catered food and beverages to the spa the day of the wedding, if desired.

For your review, we have included our bridal contract. Please complete and submit with the deposit prior to reserving your wedding date.

Thank you for choosing Adamo Day Spa and congratulations!

**Adamo Day Spa**

114 Front Street

Scituate, MA 02066

781.378.0662

Info at [www.adamodayspa.com](http://www.adamodayspa.com)



**In Studio Wedding  
Makeup Services and  
Pricing**

BRIDAL MAKEUP (includes  
consultation): \$250

**Bridal Makeup Consultation and  
Application:**

Includes airbrush makeup and lash  
application at no extra charge  
\$100

**Wedding Day Makeup Application:**

Includes airbrush makeup and lash  
application at no extra charge  
\$150

**Bridesmaid/Attendant Makeup  
Application:**

(Includes mother of the bride and  
groom)  
Includes airbrush makeup and lash  
application at no extra charge  
\$125

**Flower Girl Makeup Application**  
\$50 and up

**Out of Studio Wedding  
Makeup Services and Pricing**

BRIDAL MAKEUP (includes  
consultation): \$250

**Bridesmaid/Attendant Makeup  
Application:**

Includes mother of the bride and groom  
Includes airbrush makeup and lash  
application at no extra charge  
\$125

**Flower Girl Makeup Application:**  
\$50 and up

**Travel Fee (local):**  
\$50+

**Travel Fee (greater than 20 mile  
radius):**

Inquire with wedding coordinator

\*Bride is responsible for parking fees and  
other additional hotel parking

\*Minimum of \$500 per makeup artist

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## **Additional Out of Studio Pricing**

A minimum of \$500  
is required for out of studio weddings

\$100 deposit and signed contract is due to secure wedding date  
Deposit is non-refundable less than 30 days prior to wedding date

Payment is due in full 2 weeks prior to wedding day

Bride is responsible for any parking fees

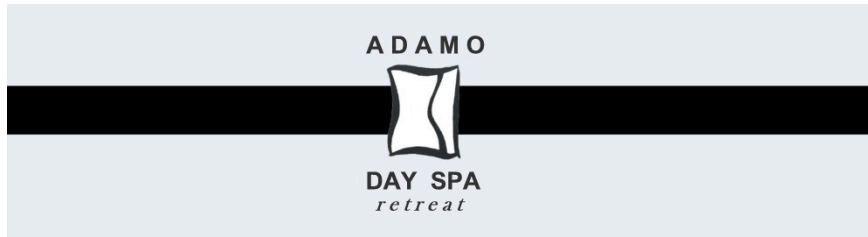
## **Cancellation Policy**

A credit card is required to reserve appointments; all major credit cards are accepted.

No refund will be given for members of the wedding party who miss appointments the  
day of the event.

Deposits, packages and gift certificates are non-refundable and may be used in the spa  
for services or products.

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## **Bride Information**

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

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

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

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

Email: \_\_\_\_\_

Consultation Date: \_\_\_\_\_ Time: \_\_\_\_\_

Makeup Artist(s): \_\_\_\_\_

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

Wedding Location: \_\_\_\_\_

Desired Start Time: \_\_\_\_\_ Desired Finish Time: \_\_\_\_\_

Time of Pictures: \_\_\_\_\_

Services at Spa or Other Location: \_\_\_\_\_

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

\_\_\_\_\_

## **Wedding Party Services: (Include Bride)**

Name: (First and Last)

Services:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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- 5. \_\_\_\_\_
  - 6. \_\_\_\_\_
  - 7. \_\_\_\_\_
  - 8. \_\_\_\_\_
  - 9. \_\_\_\_\_
  - 10. \_\_\_\_\_
- Notes: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

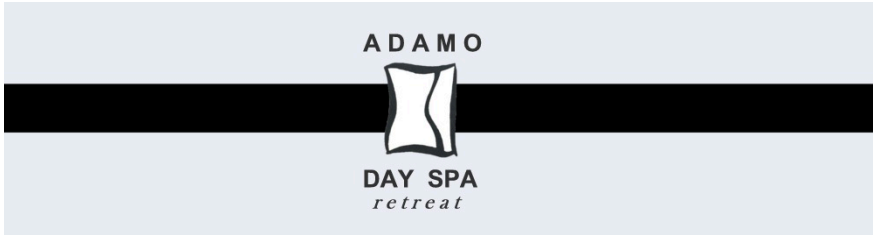
### **Bridal Contract**

Credit Card Number: \_\_\_\_\_  
Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_  
Gift Certificate # for Deposit: \_\_\_\_\_

I, \_\_\_\_\_, agree to the prices and policies listed in this contract. I understand that a deposit of \$100 is required to secure appointments for my party and is non-refundable unless canceled 30 days before my wedding day. I consent to having the deposit processed at this time. I agree to pay the complete balance for my wedding party in full, 2 weeks prior to my scheduled date. I understand that no refund will be given for members of the wedding party who miss their appointment on the day of the event. I also understand that I am responsible for balances from any members of my party who fail to provide payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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