



856 Central Ave
 Pawtucket, RI 02861
 (401) 722-7700
 Email: sacarrhasalon@gmail.com
www.sacarrhasalon.com

Bride's Name: _____

Address: _____

Phone Number: _____

Email: _____

Date of wedding: _____ Time: _____

Services Requested	Number of persons	Cost per person	Total
Bride Upstyle			
Formal Styling			
Flowergirls (8 and under)			
Makeup application			
Makeup with eyelash application			
Misc.			
Bridal Package (offered in salon only)			

Changes to this contract must be made 30 days in advance of wedding date

Subtotal: \$ _____

Gratuity (20%): _____

(Please Note the Total Gratuity Amount Must be Paid in Cash or Check)

Travel fee is applicable: _____

Grand Total: \$ _____

Deposit (\$100.00 on _____) \$ _____

Balance due: \$ _____

Please Read Carefully:

-A NON-REFUNDABLE deposit of \$100.00 is required for all bridal parties and is due upon booking in order to hold your date. Deposit will be put towards the balance due. Deposits are accepted in the form of cash, check, credit card. Sacarra Salon accepts Visa, Master Card, Discover, American Express.

-A 20% gratuity will be included in quote. Your quote may vary depending on any changes made to your initial contract. (Must be paid separately in Cash or Check)

-Any additional services added to your date may be subject to availability.

-A pre-bridal consultation and trial run (Additional Cost) is recommended prior to day of services. (Please bring pictures of 3 different styles, Jewelry, veil,etc.)

-We recommend having fresh clean hair the day of our wedding so you can achieve the best desired results.(A Rehearsal Blowout is recommended so we can prep your hair for the next day.)

-There must be a minimum of 4 services to be considered for On-location Services.

-Sunday and Holiday weddings will be considered On-location and will be charged accordingly.

Please Read and Initial next to these terms and agreements:

_____I agree to be responsible for all members of my party or group. If any of the people for whom I have confirmed appointments should cancel without notice, or fail to appear for their appointments, I understand I will be charged for every confirmed appointment. Including any appointments added on by phone, email, or verbally after agreement is signed.

_____ I agree to notify Sacarra Salon 30 days prior to scheduled appointments of any changes in the requested schedule times for myself or other members of my party. A cancellation of 100% of the service will be applied.

_____I understand that I am responsible for ensuring that the wedding party and I arrive on time. Tardiness of more than 20 minutes will result in shortened services.

_____I understand that full amount of the initial deposit of \$100.00 is NON_REFUNDABLE. I agree to pay the balance for all services, fees and gratuities at the salon the day of the event.

_____I understand that a 20% gratuity will be added to the balance for all services rendered.

_____I understand that if I need to cancel THIS DATE for any reason, the salon must be notified 60 days prior to the date to avoid a 20% charge of all services scheduled.

_____I understand a 20% Gratuity is added and must be paid separately in Cash or Check Please.

*I agree to all of the terms and conditions stated in this contract.

Print Name

Date

Signature

Date

