



19045 W Capitol Dr., Suite 103
Brookfield, WI 53045
1.262.373.0005

OFF BROADWAY SALON, LLC

BRIDAL CONTRACT

Name: _____

Address: _____

Home Phone: _____ Cell Phone _____ Work Phone _____

Local Contact name and phone (if bride is from out of town)
_____ Phone _____

Date of Wedding: _____

Photography Time: _____ Place _____

Location of Services: (Check one) In Salon On Location*

*On location mileage charge \$ _____

Number in Wedding Party _____ Deposit \$ _____

***REQUIRED TO SCHEDULE APPOINTMENTS**

Credit Card Number

Expiration Date

I agree to the scheduled appointment times given on the Bridal Worksheet, and the prices in Off Broadway Salon's Bridal Services and Policies. I understand and agree to the deposit of \$50.00 due at this time to secure the appointments for my wedding day. 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 1 week notice is given by me. I understand that I will be charged 50% of the service for any of the bridal party members who miss their appointment on the day of the event.

Signature of Credit Card Holder

Date