



Thank you for choosing LuLu's The Salon, Inc. for your Wedding Day. Enclosed is a Bridal Day Agreement.

Please:

- Complete the "Bridal Day" agreement
- Complete the "Terms and Conditions" sheet
- Complete the "Special Instructions" sheet
- Complete the "Fees and Charges" sheet
- Complete the "Appointments" sheet
- Complete the "Credit Card Authorization" sheet
- Return agreement by mail or e-mail by _____

Jorge, Guesna, or Leslie
Event Coordinators
LuLu's The Salon, Inc.
www.lulusthesalon.com

We will schedule the times and return a copy of the Schedule by
_____.

Add on appointments are welcomed and subject to schedule availability

SPECIAL EVENT

Location: _____

Group Name: _____

Date: _____

Time: _____

Groom's Last Name: _____

Colors: _____

Bridal Day Contact Person

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Fax: _____

Cell: _____

E-mail: _____

Address where Confirmation will be sent (if different than above):

Return Bridal Day Agreement by:

TERMS AND CONDITIONS

A “non refundable Deposit” of **\$50.00** is due and will **be charged** on _____.

A “20% gratuity” will **be charged** in addition to any cash gratuity given on day of services.

Any “no-shows” on the appointment date will **be charged the Full Price of Services scheduled.**

Any “changes in schedule” must be received **72 hours** before appointment times.

Any “cancellations” on the appointment date without **72 hours** notice will **be charged the Full Price of services scheduled.**

Any appointment showing up “late for their scheduled service” will receive “a shortened service” to keep the staff on schedule. **The Full Price of Service will be charged.**

The “non refundable deposit” will go towards the “Total Balance Due”.

I authorize Lulu’s the Salon, Inc. to charge my credit card for the “non refundable deposit” and for the “terms and conditions” as defined above.

Cardholder’s Signature: _____ Date:

PLEASE REVIEW AND COMPLETE. RETURN by FAX, MAIL, or E-MAIL TO:

LuLu’s The Salon, Inc.

5205 Avenue U Galveston, TX 77551

(409) 744-5323

E-mail: appointments@lulusthesalon.com

SPECIAL INSTRUCTIONS FOR LULU'S (estimated prices)

- a. Order Fruit and Cheese Trays at the following prices:

----- Small serves 10-12 at \$45.00

----- Medium serves 15-20 at \$55.00

- b. Order lunch - Sandwiches

----- \$8 per person - Sandwiches

Lulu's provides complimentary mimosas, wine, coffee, and soda

SPECIAL INSTRUCTIONS FOR BRIDAL GROUP

- a. Please arrive 15 minutes prior to appointment time.
- b. Please review and inform everyone of prices and gratuity
- c. For an Up-do, have hair clean and dry. Also wear a button down shirt.
- d. For a Style, we will shampoo, blow dry and style hair.

FEES AND CHARGES

“non refundable Deposit” \$50.00

Services _____

20% Gratuity _____

Special Instructions _____

Misc. _____

Minus “non refundable deposit” \$50.00

Total Balance Due (estimate): _____

I, _____, have read, understand, and agree to the above “terms and conditions” and “fees and charges” in this agreement.

Signature

Date

Choosing LuLu’s the Salon, Inc. for your services is greatly appreciated. We look forward to servicing you.

Enjoy,

Lulu’s The Salon, Inc.

APPOINTMENTS

All services will begin at _____ and be completed by _____.

Please complete the **NAME and SERVICE** portion **ONLY**. The Salon will schedule times and forward back to you the **APPOINTMENTS**.

Your Group has been scheduled for the following appointments.

Name: _____	Time: _____	Service: _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____



5205 Ave. U
Galveston, TX 77551
PHONE 409-744-5323

CREDIT CARD AUTHORIZATION

By my signature herein below, I authorize Lulu's the Salon to charge my credit card the designated amount to secure the appointment on the date and time below. I understand that any deposit placed to secure my appointment is non-refundable.

PLEASE PRINT

Credit Card Type () VISA () MasterCard () American Express

Name as it appears on Card _____

Credit Card Number _____

Credit Card Expiration _____ / _____

Credit Card Security # _____

Authorized Amount * _____

Date/Time of Appt. _____

Drivers License Number _____

Telephone Number _____

Cardholder's Signature _____

(Lulu's asks that you please provide copy of your **Drivers license & Credit Card** with your fax.)

Please understand that your full completion of this authorization form helps us to protect you, our valued client, from credit card fraud. LuLu's The Salon will keep all of this information strictly confidential. Thank you for choosing us for your special day. We look forward to taking care of you!

**Authorized Amount subject to change as additional services are added.*