

SPECIAL EVENT SERVICE CONTRACT

THIS MAKEUP SERVICE CONTRACT is made and entered into as of (today's date) _____,
by and between ("Client") _____
whose address is _____
and ("Makeup Artist") **Ruth "Jenny" Torry** whose business address is undisclosed until contract has been signed and completed. In consideration of the mutual covenants herein contained and, intending to be legally bound hereby, the Client and the Makeup Artist agree as follows:

1) Makeup Artist's obligation to give services hereunder is subject to the unavailability of the Artist as a result of sickness, accidents, acts of God and other reasons beyond the Artist's control. JTorry Makeup Artistry is acting as a non-exclusive independent contractor for the client. By signing this contract client removes provider from any person responsibility if there should be any damages incurred to client and/or bridesmaid(s), due to sensitivity or allergic reaction from products used during services, and that services are commissioned at own risk.

2) LOCATION WHERE MAKEUP WILL BE APPLIED:

Address: _____

Client's Contact Phone #: _____ **Alternate Contact Phone #:** _____

3) DATE and TIME of EVENT:

Date of the Event: _____ **What type of Event:** _____ **Time:** _____
The time that Artist will need to be at location: (specified and agreed upon): _____
Earliest time client and/or party will need to be ready by (specified and agreed upon): _____
How many in the event party will get their makeup done including the client: _____
How many in the event party will get their hair done including the client: _____

5) PAYMENT: In full consideration for all services rendered by the Artist at the location, the Client agrees to make the following payment in U.S. funds to the Artist *a non-refundable \$30.00 deposit. This is required to hold your date.*

a) Deposit: Client will pay **\$30.00** to Artist as a cash or check. This deposit will be credited toward your balance of the wedding day. This deposit will not be refunded if client cancels for any reason.

b) Payment of Balance: At the event on the set date of services needed, the Client will pay the Artist the remaining balance of the payment of \$_____ in **Cash or Check Payable to JTorry Makeup Artistry. Final payments/monies for wedding day services are due upon arrival prior to services rendered.**

Additional Hourly Rate: \$45.00 (for touch-up and to be on stand-by) Yes___ No___ If Yes, how many hrs: _____

6) CANCELLATIONS. In the event Client cancels the Project, **Client will lose the deposit made to the Artist.** Upon payment of the cancellation fee, Client will have no further liability to Artist hereunder.

7) TRAVEL: I understand there is a \$15.00 travel fee for locations between 10 to 20 miles of my location in the Grand Prairie area. That fee is waived when six (6) or more makeovers are taking place at that location on that day. If your location is more than 20 miles away, there will be an additional charge. I understand that I am responsible for all parking and toll fees if applicable. I understand that I am financially responsible for services provided to self and to event party.

**** By signing this contract, I have read and understand all the terms and conditions outlined above. I understand that I will be financially responsible for self along with bridal party and all deposit(s) made are non-refundable. I will abide by this contract. This contract is binding.**

(Client's Signature) (DATE)

(Client's Email Address)

(Ruth "Jenny" Torry – Artist, Signature) (DATE)