



## Makeup Agreement

Today's Date: \_\_\_\_\_ Client's Name: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_ /E-Mail Address: \_\_\_\_\_

Event Date: \_\_\_\_\_ /Time: \_\_\_\_\_ am/pm

Location & Time of Makeup Application: Location: \_\_\_\_\_ /Time: \_\_\_\_\_

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**Fee Structure:**

- |  |                         |          |
|--|-------------------------|----------|
| • Engagement/Photo Shoot Makeup  | \$125                   | \$ _____ |
| • Brides Consultation/Makeup Trial                                     | \$60                    | \$ _____ |
| • Brides Makeup Application  | \$145                   | \$ _____ |
| • Bridal Party/Mother's Makeup Application                             | \$60 per person X _____ | \$ _____ |
| • Jr. Bridesmaid/Flower Girl Makeup Application (10 and under)         | \$20 per person X _____ | \$ _____ |
| • Strip Lashes   | \$15 per person X _____ | \$ _____ |
| • Lipstick (if you wish to purchase the lipstick used during trial)    | \$30                    | \$ _____ |
| • Special Travel Fee (charged for distances over 50 miles – see below) |                         | \$ _____ |
| • Tattoo Coverage - starts at \$40 (price depends on size of tattoo)   |                         | \$ _____ |

**TOTAL AMOUNT DUE = \_\_\_\_\_ - \$100 non-refundable deposit & \$60 consultation fee = \$ \_\_\_\_\_ payable in full on day of event.**

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**Terms and Conditions:**

- A **non-refundable** deposit of \$100 and \$60 consultation fee is payable by cash or check (to Cindy Hoke) is due at time of Consultation/Makeup Trial and agreement signing. The deposit is applied towards your final balance and is due in full immediately after services are completed.
- A hourly rate of \$35 will be charged for any touch-ups and/or continued on-site services after the initial application.
- A special travel rate will be charged for distances over 50 miles from 21286 for all consultations/trials and day of event.

I have read and understand the terms and conditions outlined above. I will abide by this agreement.

(Client) Print Name: \_\_\_\_\_

(Client) Signature: \_\_\_\_\_ /Date: \_\_\_\_\_

Signature: *Cindy Hoke* / Date: \_\_\_\_\_

Cindy Hoke • 403 Brook Road • Towson, MD 21286 • 410.236.2795