



Date of Event: _____

Name of Client: _____

Makeup Artist Contract/Agreement

Makeup Application \$ _____

Traveling fee \$ _____

Trial Session \$ _____

Lash Application \$ _____

Grand total: \$ _____

Deposit Amount: \$ _____

Balance Due: \$ _____

Service:	Hourly rate	Estimated cost
	Total	
	CA Tax(9%)	
	Grand total	
Comments		

→All services performed by the make-up artist are to be reviewed and confirmed previous to the day of service. Contract must be signed and agreed upon performance of service. Any and all allergies to cosmetics in liquid or powder form, synthetic or natural fibers, gel/liquid/crème liners, etc should be reported to the makeup artist during the consultation.←

Client's Information:

First Name: _____ Last Name: _____

Home number: _____ Cell Number: _____

Email Address: _____

Location of Event: _____

Starting time: _____ Ending Time: _____

Disclaimer: Client will be the responsible party for the total fee of the purchased package on the day of the event. Returned checks will be charged \$45. Refunds will not be issued for the trial and deposit if the client decides to cancel the day of event appointment. All rates are based on the information stated in the contract (date of event, number in party, traveling expenses, time of event, supplies, and quality makeup used.) If you must change any details stated above or spoken upon, you must consult with the artist. Changes to the contract may result in a fluctuation in rate. To discuss any items in this contract, or for additional information, please call me personally at 818.749.6029.

_____/_____/_____
Client Signature Date

_____/_____/_____
Jodie Smith Date
Makeup Artist
JodieLyn|Beauty™ C.E.O

Thank you for supporting an independently owned business and giving us the opportunity to earn your business. As always, it's a pleasure doing business with you. We look forward to doing business with you again!