

Client name: _____

Event Date: _____



Trio

Makeup & Hair Design

Atlanta, Georgia

404.452.1602

OCCASIONS

Consulation Date: _____

Consulation Address: _____

No. Women: _____

OK to publish pictures? Y // N

Price Quoted: _____

Forms

- _____ Contract
- _____ Deposit
- _____ *date received*
- _____ Client's Waiver
- _____ Client's Face Sheet
- _____ Client's Hair Sheet

Names of clients

	Names of clients	Waivers	Face Sheet	Hair Sheet
1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quan	SERVICES	NOTES	Price	Total
	ALL SPECIAL EVENTS			
	Up-do & makeup		\$100 x Quan	
	Down-do & makeup		\$80 x Quan	
	<i>Trial Run-Through</i>		\$30 x Quan	
	<i>apply special?</i>			
	SPARKLE PARTIES			
	light hair and makeup		\$30 x Quan	
	with goodie purse		\$40 x Quan	
	<i>Special promotion?</i>			
	<i>Travel Fee</i>			
			Subtotal	
			Special	
			Grand total for all services and fees	
			Deposit amount	

Communication: _____
