



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](http://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](mailto: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.





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.*