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Bridal Makeup Contract

Information

Wedding Date: _____

Bride's Name: _____ Groom's Name: _____

Bride's Address: _____

Bride's Phone Number: _____ Bride's Email: _____

Allergies, skin conditions, or sensitiveness to makeup: _____

Wedding Details

Time of Wedding Ceremony: _____ Time of Pictures: _____

Bride Must Be Ready By: _____

Wedding Venue: _____

Location Of Makeup Application: _____

Wedding Planner /
Emergency Contact:

Name: _____

Phone Number: _____

List Bridal Party Members

Name: _____



