

*The Oasis Salon & Spa: (920)262-2200  
620 S Church St Watertown, WI 53094*

## LET US HELP YOU LOOK YOUR BEST ON YOUR WEDDING DAY!!

We offer complete hair care, specialty styling, manicures, pedicures, acrylic nails, men's grooming.  
Facials, body wraps, massages, lashes, tanning, & makeup.

### WEDDING PARTY CONTRACT

1. Give names and services needed for each person being served (minimum of 5) using the attached sheet.
2. A credit card number, or cash deposit of 100%, of the approximate cost of the services requested when scheduling.
3. Cancellation policy:
  - a. No Charge if more than 21 days before the date booked
  - b. 50% Charged up to 21 days notice, in addition to 20% gratuity on services
  - c. 100% Charged within 14 days, in addition to 20% gratuity on services
4. If you are bringing refreshments please let us know so we can have a table ready for you.
5. Trial styles may be scheduled prior to the wedding. To help reduce the bride's anxiety we welcome a practice run during the month of the wedding. This will give the bride and stylist a chance to get to know each other. The regular fee will be charged for the service and time for the wedding party.
6. Punctuality is important and we will make every effort to accommodate but we regret that extensions/add ons the day may not be possible.
7. Non-Refundable Coordinating Fee of \$25 paid with Contract

WEDDING DATE: \_\_\_\_\_

WEDDING PARTY NAME: \_\_\_\_\_

TIME OF SERVICES: \_\_\_\_\_

BRIDE'S NAME: \_\_\_\_\_

BRIDE'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BRIDE'S PHONE NUMBER: \_\_\_\_\_

BRIDE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OASIS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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### SERVICE CONTRACT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Place of Event: \_\_\_\_\_

### PARTY INFORMATION

| Name | Hair Description<br>(Circle all that apply)                     | Services Desired<br>(Circle all that apply)           | Office Use Only<br>Time/Service(s)/Stylist |
|------|---|---|--|
|      | Ear/Shoulder/Midback/Waist<br>Thin/Thick<br>Straight/Wavy/Curly | Specialty Style<br>Manicure/Pedicure<br>Makeup/Lashes |  |
|      | Ear/Shoulder/Midback/Waist<br>Thin/Thick<br>Straight/Wavy/Curly | Specialty Style<br>Manicure/Pedicure<br>Makeup/Lashes |  |
|      | Ear/Shoulder/Midback/Waist<br>Thin/Thick<br>Straight/Wavy/Curly | Specialty Style<br>Manicure/Pedicure<br>Makeup/Lashes |  |
|      | Ear/Shoulder/Midback/Waist<br>Thin/Thick<br>Straight/Wavy/Curly | Specialty Style<br>Manicure/Pedicure<br>Makeup/Lashes |  |
|      | Ear/Shoulder/Midback/Waist<br>Thin/Thick<br>Straight/Wavy/Curly | Specialty Style<br>Manicure/Pedicure<br>Makeup/Lashes |  |
|      | Ear/Shoulder/Midback/Waist<br>Thin/Thick<br>Straight/Wavy/Curly | Specialty Style<br>Manicure/Pedicure<br>Makeup/Lashes |  |
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|      | Ear/Shoulder/Midback/Waist<br>Thin/Thick<br>Straight/Wavy/Curly | Specialty Style<br>Manicure/Pedicure<br>Makeup/Lashes |  |
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|      | Ear/Shoulder/Midback/Waist<br>Thin/Thick<br>Straight/Wavy/Curly | Specialty Style<br>Manicure/Pedicure<br>Makeup/Lashes |  |

DEPOSIT AMOUNT: \$ \_\_\_\_\_ DEPOSIT BY: CASH MC VISA DEBIT

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Validation Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Deposit taken by: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_



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### **MODEL RELEASE FORM**

EVENT: \_\_\_\_\_

DATE: \_\_\_\_\_

Model's Name: \_\_\_\_\_

I hereby consent to and authorize **Oasis Salon and Spa** to perform a makeup application, specialty hair style, manicure, pedicure, massage, facial or eyelash application. The nature and purpose of the products to be used in this service has been explained to me, along with the risks and hazards involved. Although it is impossible to list every potential risk and complication, I have been informed of possible risks and complications. I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically. I have read and fully understand this agreement and all information detailed above. I understand the service and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold **Oasis Salon and Spa** responsible for any of my conditions that were present, but not disclosed at the time of the service, which may be affected by the treatment performed today.

I hereby consent to **Oasis Salon and Spa** to take pictures and I give them permission to use on their website or with their marketing materials.

I am 18 or older and understand that I am not owed any amount of money now or in the future.

Model's Name(signature)\_\_\_\_\_

Date\_\_\_\_\_

**Oasis Salon and Spa**\_\_\_\_\_

Date:\_\_\_\_\_



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### Wedding Party

Welcome to the Oasis Salon and Spa. We are happy to be taking care of your beauty needs for this very special occasion. A few things we would like you to follow:

~Please have your hair washed and dried before your appointment, or "second day hair". Product in hair and second day hair does help style hair easier.

~A 20% gratuity will be automatically added to your service(s). If you want to add an additional gratuity just let the desk know when you check out.

~The bride has signed a contract with us, and just to make you aware, there IS a cancellation policy already in place.

50% Charged up to 21 days in advance

100% Charged with in 14 days of celebration

We know that you do not want to put the Bride in this uncomfortable situation, that is why we are making you aware of this policy.

The Oasis Team is happy that you have chosen us to take care of you for this special celebration and look forward to being a part of it.