

GENELLE COCHRAN

FREELANCE MAKEUP ARTIST

4722 Wooded Oak Circle

Louisville, KY 40245

502.649.9678

genellec@beautywithinu.com

(Name)_____ have contracted Genelle Cochran, Freelance Makeup Artist to perform professional makeup services on the following date(s):_____.

I understand that Genelle Cochran will not be held responsible in the event of any allergic reactions and/or breakouts as a result of her services. I understand that it is my responsibility to inform Genelle Cochran beforehand of any known allergies to cosmetic products. I also understand that Genelle Cochran will make every effort to warn or advise me in the event of such known allergies, but that I am ultimately responsible for the decision to proceed with her services.

I am enclosing \$_____ to serve as my deposit to reserve the above date for Genelle Cochran's services. I understand that this deposit is non-refundable. In the event Genelle Cochran cannot fulfill her obligation to perform scheduled services due to illness or other unforeseen circumstances, I understand that my deposit will be refunded in full and she will notify me of her cancellation as soon as possible.

All services are to be paid in full on or before the date of service and prior to the actual service being performed or completed.

For my records, please complete the following if available:

Location of service:_____Time:_____

Address:_____City_____Zip_____

Phone number of location:_____ Your Phone_____

Signed:_____

Date:_____

Thank you so much for selecting my services,

Genelle Cochran

FOR MORE INFORMATION, VISIT WWW.BEAUTYWITHINU.COM