





Makeup Artist Service *Event Form*

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ ZIP Code _____

E-mail _____ Phone _____

EVENT INFORMATION

Event Date _____ Event Location _____

Makeup Location _____

Ready By _____ Makeup Start Time _____

MAKEUP SERVICES

Formal event

- ☐ Wedding
- ☐ Graduation
- ☐ Party
- ☐ Ball / Gala

Photoshoot

- ☐ Family
- ☐ Business
- ☐ Headshot
- ☐ Engagement

Fashion

- ☐ Runway
- ☐ Editorial
- ☐ Other

Clients to be served

Price

Client 1 _____

Client 2 _____

Client 3 _____

Client 4 _____

Travel Fee _____ Additional Services _____

Grand Total _____ **Deposit** _____ **Balance Due** _____

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Makeup Artist Service

Wedding Form

PERSONAL INFORMATION

Name _____

E-mail _____ Phone _____

WEDDING INFORMATION

Wedding Date _____ Wedding Location _____

Makeup Location _____ Makeup Start Time _____

Ready By _____

SERVICE PRICING

Clients to be served

Price

Bride _____

Bridesmaid 1 _____

Bridesmaid 2 _____

Bridesmaid 3 _____

Bridesmaid 4 _____

Bridesmaid 5 _____

Bridesmaid 6 _____

Mother _____

Mother _____

Travel Fee _____ Additional Services _____

Grand Total _____ **Deposit** _____ **Balance Due** _____

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Makeup Face Chart

Client Form

PERSONAL INFORMATION

Name _____ Phone _____
Email _____ Skin Type _____
Skin Condition _____ Allergies _____

Base

Skincare _____
Primer _____
Foundation _____
Corrector _____
Concealer _____
Setting _____

Cheeks

Contour _____
Blush _____
Highlight _____
Bronzer _____

Eyes

Primer _____
Eye shadow _____
Liner _____
Mascara _____
False lashes _____

Brow

Wax _____
Powder _____
Pencil _____

Lips

Liner _____
Lipstick _____
Lipgloss _____



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Makeup Artist Service

Photo & Video Release Form

Name _____ Date _____

Date of birth _____ Age _____

E-mail _____ Phone _____

I hereby grant Brushed by Brittan LLC. The irrevocable and unrestricted right to use, re-use, display, distribute, transmit, publish, republish, copy, either digitally, in print, or in any other medium now or hereafter known, for any purpose whatsoever and without restriction, my image or likeness as depicted in any photographs or video taken by [Your Business Name] on the date listed below (collectively "Photos and Videos").

I understand that I will not receive any royalties or compensation for this.

This release only applies to photos and videos taking on the day of the makeup artist service as dated below.

I hereby release and discharge Brushed by Brittan LLC. From any and all claims, liabilities, demands, actions, causes of action, costs, and expenses, whether at law or in equity, whether known or unknown, arising out of or in connection with the use, exploitation, or distribution of the Photos and Videos.

By signing below I hereby acknowledge that I have completely read and fully understand the above release agreement and agree to be bound by it.

Client Name Client Signature Date

Makeup Artist Name Makeup Artist Signature Date

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Makeup Artist Service *Client Consent Form*

I voluntarily request and consent to receive a makeup service performed by _____ and I understand the risks of receiving this makeup service.

The nature, purpose, risks and benefits of this makeup service have been explained to me by the makeup artist.

I understand that results from this makeup service are dependent on a lot of different factors such as skin type and humidity and therefore the results of the makeup service may vary for different individuals.

I understand that the risks include, but are not limited to: allergic reaction, irritation and redness.

I understand that either I, or the makeup artist has the right to stop the makeup service at any moment.

I release the provider and business from any liability from any harm that may unintentionally result from the makeup service.

By signing below I hereby acknowledge that I have completely read and fully understand the above client consent agreement and agree to be bound by it.

_____ Client Name	_____ Client Signature	_____ Date
_____ Makeup Artist Name	_____ Makeup Artist Signature	_____ Date



Makeup Service

Contract

Booking and reserving a date

You can book and reserve a date only by handing over a signed copy of this contract *and* a deposit fee of \$50.00 Please note that the deposit is non refundable and non transferable.

Please note that a date will only be reserved after a signed copy of the contract and the deposit fee are both received.

Booked time

The makeup artist and the client will agree together on a time that the makeup service(s) begins and ends. This time will be stated here: PLEASE INSERT TIME.

All clients need to be on time and at the location when their time slot starts. There are no breaks between different clients, meaning that all clients must stand ready when the agreed time starts.

Delays or no show

A late fee of \$10.00 will be charged for every 15 minutes that a clients fails to show up at the agreed location and time. In case the client does not show up within an hour the agreed price for the makeup service will be paid in full.

Trial makeup service and patch test

A trail of the makeup service is available for the following price: \$60.00 A trail of the makeup service needs to be booked at least one day before the booked makeup service.

A patch test is available and offered to all clients. Please refer to the patch test agreement that is attached to this contract.

Client responsibility

The client has the following responsibilities:

The client needs to be present at the agreed time, at the agreed location.

The client needs to provide a safe environment for the makeup artist with enough (sun)light and space. Chairs, outlets and a big table needs to be available.

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Makeup Artist responsibility

The makeup artist has the following responsibilities:

The needs to clearly communicate with the client what is and isn't possible as the desired end result. Please note here that the end result may still vary from the desired and discussed end result due to weather conditions, skin type and activities.

The Makeup artist has the responsibility to sterilise and clean all makeup products and makeup tools used before any new client.

Cancellation

Cancellations need to be made at least 14 days before the booked appointment. Please refer to the separately included cancellation policy for more information on cancelling your booked time.

Video and Photo

The makeup artist might take photos and videos of the client for promotional and marketing purposes. Please refer to the separately included Photo and Video Consent form for more information on what this entails.

Payment

The client will be invoiced the grand total of costs by the makeup artist. On the invoice will be a pay by date stated. The invoice needs to be paid by this stated date, if not, further action will be taken by the makeup artist, such as, but not limited to, debt collection.

Travel costs, parking costs and any other additional costs

Travel costs, parking costs and other additional costs will be communicated and agreed on by the client and the makeup artist. These costs will be reflected on the invoice provided by the makeup artist and these costs will be paid by the client.

Liability

The client releases the makeup artist and business from any liability from any harm that may unintentionally result from the makeup service.

By signing below I hereby acknowledge that I have completely read and fully understand the above contract agreement and agree to be bound by it.

_____ Client Name	_____ Client Signature	_____ Date
_____ Makeup Artist Name	_____ Makeup Artist Signature	_____ Date



Makeup Service

Patch Test Waiver

I hereby acknowledge that I have been offered a patch test prior to the makeup service and that I have declined this patch test.

A patch test consists of applying a tiny amount of product to the skin to see if a reaction occurs. A patch test is especially recommend for those that have a history of allergic reactions.

By declining the patch test I take full responsibility for any risks and reactions. I release the makeup artist and the business of any liability for any (allergic) reaction, injury or sensitivity or damage that may be the result of declining the patch test.

By signing below I hereby acknowledge that I have completely read and fully understand the above patch test waiver and agree to be bound by it.

_____ Client Name	_____ Client Signature	_____ Date
_____ Makeup Artist Name	_____ Makeup Artist Signature	_____ Date



Makeup Service

Patch Test Consent

I hereby acknowledge that I am receiving a patch test prior to the makeup service. The patch test will be performed by the makeup artist.

A patch test consists of applying a tiny amount of product to the skin to see if a reaction occurs. I understand that I need to wait 24 to 48 hours to observe any allergic reactions. I understand that a patch test is especially recommend for those that have a history of allergic reactions. I understand that if I experience any irritation, redness or any other discomfort or symptoms, that I will need to contact the makeup artist immediately.

I understand that a patch test is not a guarantee that I will not experience an allergic reaction during or after the makeup procedure. I understand that if I do experience an allergic reaction that the makeup artist will terminate the service immediately and take the appropriate actions needed.

I hereby give my informed consent to undergo a patch test and I release the makeup artist and the business of any liability for any (allergic) reaction, injury or sensitivity or damage that may be the result of the patch test.

By signing below I hereby acknowledge that I have completely read and fully understand the above patch test consent and agree to be bound by it.

_____ Client Name	_____ Client Signature	_____ Date
_____ Makeup Artist Name	_____ Makeup Artist Signature	_____ Date

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Makeup Service

Cancellation Policy Form

Cancellation of an appointment has to occur at least 14 days before the scheduled appointment. You can cancel an appointment by sending us an email or calling us. Our contact details are listed below.

If an appointment gets canceled within 14 days before the scheduled appointment, you will be charged a cancellation fee.

The cancellation fee is \$30.00

If you do not show up for the scheduled appointment, or you are more than 15 minutes late, you will also be charged the cancellation fee.

We are happy to answer any question you might have about our cancellation policy.

I have read and understand the above Cancellation Policy and will abide by the policy as listed above. I agree to pay the cancellation fee in the occurrence of a late or missed appointment.

_____ Client Name	_____ Client Signature	_____ Date
_____ Makeup Artist Name	_____ Makeup Artist Signature	_____ Date



Makeup Service

Care Guide

During



Avoid getting the makeup wet to ensure longevity



Avoid sweating to keep the makeup in place

After



Use a gentle cleanser to remove the makeup



Use a face mask to deeply cleanse the face



Use a gentle, hydrating serum



Use nutrient dense moisturizer

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Invoice

Makeup Service

Invoice No. 12345

Date:

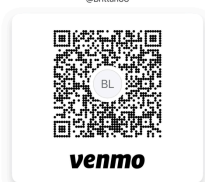
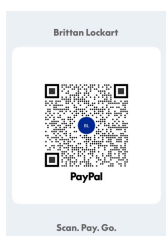
Please pay by October 1 2026

BILLED TO:

Service	Price
Service 1	
Service 2	
Service 3	
Subtotal	
Tax (0%) \$0	
Total	

Pay To

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Thank you!

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Makeup Artist Service Client Feedback Form

	PLEASE CIRCLE SCORE	COMMENTS
The appointment making process was easy and quick	1 2 3 4 5	
I felt comfortable during the entire service	1 2 3 4 5	
The service was what I expected	1 2 3 4 5	
The makeup artist was professional and made me feel comfortable	1 2 3 4 5	
I would recommend the makeup artist service to friends and family	1 2 3 4 5	

Notes

Thank you for your feedback! ♥

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