

Angie's Hair Studio

Name _____ Address _____

Phone wk _____ Hm _____ cell _____

Name of Business (salon) _____

Address _____ Phone number _____

E-mail address _____

Have you ever taken a Makeup artistry class or training before? _____

If you answered yes, when _____.

What other resources have you used to advance your makeup techniques?

Are currently applying makeup to patrons? _____

What type of makeup are you using? _____

What type of makeup applications are you interested in? Circle all that applies.

Weddings photo shoots self imaging Makeovers

What concerns do you have?

What are some of the key things you would like to discuss in the makeup class?

Do you have a makeup kit?

Do you have any professional makeup brushes or applicators?

Please fill out and return. Thank you