

Makeup Questionnaire

Today's Date _____

Guests Name _____

Phone (_____) _____

Event Information

Event Type: Wedding Prom Photo Shoot Special Occasion

Other (explain) _____

Circle all that apply to achieve the look you want:

Warm Cool Chic Romantic Smokey Trendy Casual Natural Contoured Fresh Elegant Dramatic
Simple Modern Edgy Avant Garde Glam

What image best describes you:

Natural Sporty Classic Romantic Dramatic Business Other _____

What colors do you prefer to wear?

Reds Oranges Yellows Greens Blues Violets Black Grey White Neutrals Pastels Metallics
Other _____

Facial Features

Skin Type: Normal Dry Combination Oily Sensitive

Skin Tone: Ivory Peachy Beige Olive Bronze Rosy Light Porcelain Medium Dark

Eye Color: _____ Hair Color: _____

Any known allergies to Skin Care/Cosmetic Products:

Makeup Routine:

Additional Services Requested: _____

Additional Comments/Notes: _____