



MAKEUP SERVICE

Event Form

Client Information:

Event date: _____

Client Name: _____

Address: _____

Phone: _____ Email: _____

Getting Ready Location: _____

Makeup Start Time: _____ Be ready by: _____

Services and Pricing:

FORMAL EVENT:

Graduation Wedding Ball/Gala Party/Dance

PHOTOSHOOT:

Headshot Marketing Family/Couple Pre- Wedding

FASHION:

Runway Editorial Other

Clients to be serviced:

	PRICE	TOTAL
Client #1: _____		\$ _____
Client #2: _____		\$ _____
Client #3: _____		\$ _____
Client #4: _____		\$ _____