

MAKE-UP ARTIST PROFILE CARD

Name: _____

Bus. Ph.: () _____ Res. Ph.: () _____

Other Ph.: () _____

Address: _____

City: _____ State _____ Zip _____

Service: Special Event, Bridal, Photo, Para-Med, Lesson, Gift-Cert, ConsultLocation: Salon/Spa, Studio, Port to Port : _____**Condition in which you work / spend most time:** Normal, Dry, Humid, Hot, Cold, Damp, Indoors, Outdoors, Travel, Other: _____**What image best describes you?** Natural, Sporty, Classic, Romantic, Dramatic, Business, Other _____**What colors look good on you / Would like to wear?** Reds, Oranges, Yellows, Greens, Blues, Violets, Black, Grey, White, Neutrals, Pastels, Metallics, Other: _____ Age Group: _____**Facial Shape:** Square, Oval, Round, Diamond, Heart, Oblong, Triangwar**Skin Type:** Normal, Dry, Oily, Combo, Sensitive, Concerns: _____**Ever had a reaction to a cosmetic / Skin Care Product?** No, Yes? Explain: _____**Skin Color:** Light, Medium, Dark, Black, Sallow, Olive, Translucent, Rosy, Peaches & Cream**Eye Color:** Black, Brown, Hazel, Green, Blue, Violet, Contacts-Color/s: _____**Hair Color:** Light, Medium, Dark Blond, Red, Cool/Warm, Brown, Black, Silver, White, Other: _____**Remarks:** _____
