

NAME _____ BIRTH - MONTH AND DAY ____ / ____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

CLIENT'S PROFESSION _____ E-MAIL _____

SKIN HUE

HAIR #A

EYES JO#

SEASONAL NAME:

GLAMOROUS START COLLECTION

CONCEALER

FOUNDATION

LOOSE POWDER

EYE SHADOW

EYE SHADOW

EYE SHADOW

EYE PENCIL

BLUSH

MASCARA

LIP PENCIL

LIPSTICK

LIP GLOSS

PALETTE: Personal purchase Hold a class

Interested in IMAGE UPDATE Classes

SUBTOTAL

TAX

TOTAL AMOUNT

