



Name: _____

Phone Number: _____

E-Mail: _____

Venue/Show: _____

STAGE MAKEUP FOR MEN

1. Which division are you competing in?

2. Do you have sensitive skin?

3. Are you allergic to anything?

Comments: _____

** If you are spray tanning, **DO NOT** spray tan your face*

** Please come to your scheduled time appointment with a clean face*

For Artists Use Only

Appointment Time: _____ Competitors Meeting Time: _____ Touch Ups: _____