

## Client Makeup and Hair Information Sheet

Name: \_\_\_\_\_, \_\_\_\_\_ Date Booked: \_\_\_\_\_  
(last name) (first name)

### Products Used

Foundation: \_\_\_\_\_

Powder: \_\_\_\_\_

Concealer: \_\_\_\_\_

Shadow 1: \_\_\_\_\_

Shadow 2: \_\_\_\_\_

Shadow 3: \_\_\_\_\_

Shadow 4: \_\_\_\_\_

Eyeliner (Top): \_\_\_\_\_ Bottom: \_\_\_\_\_

Mascara: \_\_\_\_\_

False Lashes: yes/no \_\_\_\_\_

Blush: \_\_\_\_\_

Lipliner: \_\_\_\_\_

Recommended Products for Purse: \_\_\_\_\_

### Hair

Type of Style:

Services Done By: