



Beautiful Ambitions

SALON & SPA

Wedding Name: _____ Date of Event: _____ Time: _____

Your Name: _____ Role: _____

Have you ever worn false eyelashes, such as strips or clusters? Yes No

Do you wear contact lenses? Yes No

Do you have any known allergies? Or
are you allergic to any products? Yes No

If so, please list them:

Do you have any special skin conditions such as acne, rosacea and/or eczema? Yes No

If so, please list them:

What skin care brands do you use on a regular basis?

What makeup brands do you use on a regular basis?

Do you wear glasses? Yes No

If yes, will you be wearing at event? Yes No

What is your skin tone? (Please circle)

Light

Medium

Dark

What is your skin type?

- Normal-Smooth skin balance of oil and moisture
- Combination-Smooth skin and/or oily t-zone and dryness on outer edge of face
- Oily-Large pores and shiny finish
- Sensitive-allergic reactions (Please list)
- Dry-Small pores and dull finish with little or no oil or shine
- Mature-45+

How often do you wear makeup?

- Daily
- Special Occasion
- Never

What is your biggest concern when it comes to makeup?

Please email this form, A PHOTO OF YOURSELF WITH and WITHOUT MAKEUP to:

beautiful05062016@icloud.com

Cat@blush-u.com