

CLIENT INFO SHEET

Client's name:	
Client's address:	
Client's mobile number:	
Client's alternate phone number:	
Client's email:	
Consult date and time: (if applicable)	
Consult location: (if applicable)	
EVENT DAY	
Event day, date and time:	
# makeup applications:	
# of lash applications:	
Makeup start time:	
Makeup application location:	
Pre-event pictures time:	
Pre-event pictures location:	
Photographer's name:	
Hair appointment:	
Event location:	
Alternate contact:	

ABOUT THE CLIENT

Hair color:	
Eye color:	
Skin color:	
Skin concerns:	
Notes:	

EVENT MAKEUP

Eyes:	
False lashes:	
Cheeks:	
Lips:	
Notes:	