

Special Occasion Makeup Questionnaire

Name _____

Address _____

Telephone Number _____

Email _____

Date and time of Special Occasion _____

Location of Special Event _____

What are your outfit colours? _____

How is your hair going to be styled? _____

How much makeup do you feel comfortable with? _____

What makeup do you normally wear? _____

What is your favourite type of makeup? _____

What part of your current look are you happiest with? _____

What would you most like to change? _____

Are you looking for a dramatic or more natural look? _____

How would you describe your personality? _____

What are your favourite colours? _____

How would you describe your personal style? Natural, Sporty, high fashion, romantic or glamorous? _____

Will you be photographed indoors, outdoors or both? _____