



MAKEUP SERVICE

Event Form

Client Information:

Event Date: _____ What is your event? _____

Client Name: _____

Client Address: _____

Phone: _____

Email: _____

Getting Ready Location: _____

Be Ready By: _____

Client Cost

of Clients: _____ \$ _____ per/hr

Travel Time Round Trip: _____ \$ _____ per/hr

Estimated Total

\$ _____

Additional Notes: