



KYOSHIDA Studios, Inc. Beauty SPFX & Makeup Artistry ©

Order Form/Questionnaire:

Client Full Name: _____

Surname: _____

ID number: _____

*Contact number: _____

*Home telephone number: _____

*Email address: _____

*Additional email address: _____

*Address: _____

Type of event: _____

Date of the event: _____

Time of the event: _____

Time that you wish to have your
make up done? _____

Where will you be getting ready? _____

Event venue location: _____

Number of people to have make-up
done: _____

Names of the clients:
(If required) _____

Names of additional clients':
(If required) _____

Would you like to have trial make-up done? (Yes / No)

Where would you like to have your trial make-up done?

- My home (makeup artist): (Yes / No)
- Your home / venue: (Yes / No)

When would you like to have your trial, make-up done?

- Four to three months before the event? (Yes / No)
- Three to two months before the event? (Yes / No)
- One month to three weeks before the event? (Yes / No)
- Two to one week before the event? (Yes / No)
- Do you require eyebrow shaping during your trial? (Yes / No)
- Do you want lash and brow tinting with the trial? (Yes / No)
- Would you like to have any additional extras for the event? (Yes / No)

Touch ups (Yes / No)

How many touch-ups? _____

Touch-up lipstick (Yes / No)

How many? _____

Eyelashes (Yes / No)

Required for how many people? _____

Covering of scars (Yes / No)

If wedding; Flower girl make-up? (Yes / No)

If yes, for how many? _____

If wedding; Make-up for the groom or best man? (Yes / No)

If yes, for how many? _____