

Registration application form

Note: Applicants must have completed high school or be at least 19 years of age

Personal information

First Name: _____ Last Name: _____

Gender: Male Female

Date of Birth: _____

Address

Street No. and Name: _____

Apt No. : _____ Postal Code: _____

City: _____ Province/State: _____

Phone: _____ Cell: _____

Email: _____

What Program You are interested to enrol?

Professional Makeup artist

Airbrush Techniques

Preferred Start Date: _____

Where did you hear about us?

Word of mouth

Journals, please specify: _____

Face book

Referral

Other, please specify: _____

Did you ever sold cosmetics?

Yes No

What make you interested to be a makeup artist ?

Date _____

Signature: _____