

Makeup Foundations—Workshops Application Form

PROGRAM INTEREST

I AM APPLYING FOR THE MAKEUP FOUNDATIONS WORKSHOP BEGINNING ON (LEAVE BLANK IF UNSURE):

PERSONAL INFORMATION

FIRST NAME

LAST NAME

PREFERRED NAME

DATE OF BIRTH (DAY / MONTH / YEAR)

GENDER, I IDENTIFY AS: FEMALE MALE SELF-IDENTITY:

THE PRONOUN I USE: SHE / HER HE / HIM THEY / THEM CUSTOM:

CURRENT MAILING ADDRESS

ADDRESS

CITY

PROVINCE / STATE

POSTAL / ZIP CODE

COUNTRY

TELEPHONE

MOBILE

EMAIL

OCCUPATION

EMPLOYER

WHEN IS THE BEST TIME OF DAY TO CONTACT YOU?

MORE ABOUT YOU

ARE YOU COMFORTABLE APPLYING MAKEUP ON OTHERS AND ON YOURSELF? YES NO

DO YOU HAVE SPECIAL NEEDS WE SHOULD BE AWARE OF (ALLERGIES, MOBILITY, SENSITIVITIES, EYE SIGHT, ETC...)?

HOW DID YOU HEAR ABOUT THIS WORKSHOP?

WHAT ARE YOU HOPING TO LEARN FROM THIS WORKSHOP?

THIS APPLICATION HAS BEEN COMPLETED BY:

NAME OF STUDENT / APPLICANT (PLEASE PRINT)

SIGNATURE OF STUDENT / APPLICANT

IF APPLICANT IS UNDER 19, NAME OF PARENT OR GUARDIAN (PLEASE PRINT)

SIGNATURE OF PARENT OR GUARDIAN

DATE

UPON RECEIPT OF COMPLETED APPLICATION AND ACCEPTANCE INTO THE COLLEGE, STUDENTS MUST PROVIDE THE APPROPRIATE ENROLLMENT FEE. AN OFFICIAL ENROLLMENT AGREEMENT WILL BE ISSUED AND YOUR NAME ADDED TO THE LIST FOR THE PROGRAM / COURSE OF YOUR CHOICE.

NOTE: COURSE OFFERINGS, SCHEDULES, TUITION FEES, FACILITIES AND FACULTY ARE SUBJECT TO CHANGE WITHOUT NOTICE. WE ALSO RESERVE THE RIGHT TO CANCEL OR POSTPONE CLASSES DUE TO INADEQUATE ENROLLMENT.

I CONSENT TO BLANCHE MACDONALD CENTRE AND CURLIQUE BEAUTY BOUTIQUE SENDING ME COMMERCIAL ELECTRONIC MESSAGES INCLUDING NEWSLETTERS AND PROGRAM UPDATES BY EMAIL.