



Academy of Makeup & Fashion
On Set Media

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Course Application

Date: _____

Name: _____ Date of Birth: _____

Address: _____ Sex: ___ Marital Status: _____

City: _____ State: ___ Zip: _____ Cell: _____

Home Phone: _____ eMail" _____

If not in L.A., When do you plan to be in Los Angeles ? _____

Employed by: _____ Tel.: _____

Address: _____

Job Title: _____ How long employed there ? _____

How did you hear about AMF ? _____

Education / Training / Experience (None required to start our classes. Information only)

Did you graduate from High School ? _____

Did you attend College ? _____ Graduate ? _____

Did you attend barber or Cosmetology school ? _____ Graduate ? _____

Have sold cosmetics ? _____ Fashion ? _____

Have you ever applied makeup to others ? _____

List any other school or training you feel is relevant to the study of Makeup Artistry or Fashion Consulting:

Do you have any public speaking experience ? _____

Would you enjoy teaching Makeup Artistry and/or Fashion Consulting ? _____

What are your career goals ? _____

What appeals to you most about the business of Makeup Artistry and/or Fashion Consulting ?

What are your hobbies ? _____

Signature: _____

Quarter: _____ **Prefer** **Weekdays** or **Saturday Classes**

Registration Fee: _____ **Payment Method:** **Cash** **Check** **Charge**

MC/VISA/AMEX Card No.: _____ **Exp. Date:** _____

Name on Card: _____ **Signature:** _____

Personal References:

1. _____ **Tel.:** _____

2. _____ **Tel.:** _____