



733 Turnpike Street, #261
 North Andover, MA 01845
 Tel: 978-618-6865
 Fax: 978-689-8181
 gracemake-up.com

registration form - for salon professionals Date: _____

Name of Student: _____ Name of School or Salon: _____

Class or Course Description: _____ Class Date: _____



Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Other Phone: _____

E-Mail Address: _____

Referred by or ticket number (if applicable):

Payment Type:		
Check #:	Credit Card Type:	
Credit Card Number:		
Expiration Date:	3 Digit Code:	
Name as it appears on card:		
Billing Address (if different than above):		
City:	State:	Zip Code:
Signature:		

OFFICE USE ONLY	
DATE RECEIVED:	CONFIRMATION SENT:
DEPOSIT RECEIVED:	BALANCE DUE:
CLASS HELD:	PAYMENT PLAN:

Please indicate skin tone quality (if taking Day To Night Class): Light _____ Medium _____ Dark _____

Thank you for your participation in a Grace Professional Cosmetics class.
 You will receive a confirmation phone call, e-mail, or letter along with directions for classes not at 733 Turnpike Street.