

Today's Date: _____

A B C

Make-Up Skin Care
Head to Toe

Tell Me About You!

Name: _____ Birthday: _____ Anniversary: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Does your skin feel: (circle one) Normal to Dry or Combination to Oily?

What's one thing you'd like to improve about your skin? _____

What cleanser/moisturizer or skin regimen are you currently using? _____

Have you noticed improvement with this regimen? (circle one) Yes or No

CONSULTANT USE ONLY: CC Cream: Very Light Light to Med Med to Deep Deep Very Deep

TW 3D Liquid: Ivory C N W _____ Beige C N W _____ Bronze C N W _____

Legacy Leaders

Nominate 15 women in your life who are making a difference in their communities
and they will receive a pampering session & gift card from me!

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

My Favorites:

Who may I contact about gifts for you?

1. _____
2. _____
3. _____
4. _____
5. _____



Name: _____
Phone: _____
Name: _____
Phone: _____