

Name: _____



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OCCASION: _____

NORMAL MAKE UP STYLE: _____

DESIRED LOOK: _____

FOCAL POINT: _____

FACE/EYE TYPE TO NOTE: _____

TECHNIQUES TO USE: _____

FACE:

SKIN TYPE: _____

FOUNDATION: _____

CONCEALER: _____

CONTOUR: _____

HIGHLIGHT: _____

BLUSH: _____

LIPS:

LIP LINER: _____

LIPSTICK: _____

LIP GLOSS: _____

EYES:

PRIMER: _____

LID: _____

CREASE: _____

BROW LINE: _____

EYELINER: _____

MASCERA: _____

FALSE LASHES: _____

BROW FILLER: _____