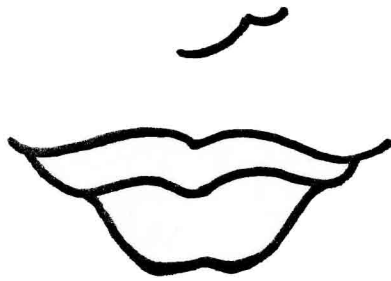
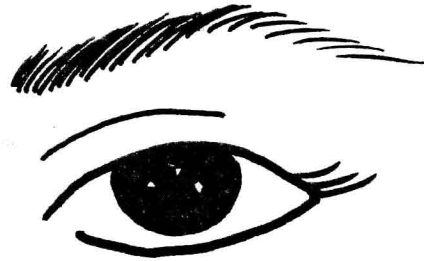


A Skin Care



Base:

Blush:

Complete Colour:

So-Bronze/Shimmer:

Eye Shadow:

Eye Pencil:

Mascara:

Brow Colour:

Lip Colour:

Lip Gloss:

Lip Pencil:

Concealer:

Brushes:

Name: _____ Date: _____

Address: _____
Street Address State Zip Code

Tel. No. _____ Email: _____

Application by _____

Comments _____
