
APPLICANT INFORMATION/REGISTRATION

INTERESTED IN: MAKEUP____, **HAIR**____ (NOTE:Must have cosmetologist license to work as MetaNY hairstylist), **BOTH**_____

1. FULL LEGAL NAME:

First:_____

Middle:_____

Last:_____

2. Date of Birth:

Month / Day / Year

____/____/____

3. MAILING ADDRESS:

Street or P.O. Box #:_____

City / Town: _____, _____

State/Providence:_____

Postal Code:_____

Country:_____

Telephone:_____

4. E-MAIL ADDRESS:

_____@_____

5. PLACE OF BIRTH:

City / Town:_____

State / Providence:_____

Country:_____

6. HOW DID YOU HEAR OF US:

7. CAREER EXPERIENCE:

Please briefly describe any experience you may have in make-up, hair-styling, art, or esthetics: (Please note that your are not required to have any career experience before attending or working with Metamorphosis New York's program)

8. AREAS OF INTEREST: Bridal____ **Fashion**____ **Editorial**____ **Other**____ (Check all that apply)

9. DO YOU NEED A PAYMENT PLAN? Please Check One: YES _____ **NO**_____

Registration

NAME THE PROGRAM YOU ARE YOU SIGNING UP FOR?

- MAKEUP ADVANCED PROGRAM (Includes makeup kit and case.18 classes):_____
- MAKEUP MASTER PROGRAM (8 classes includes airbrush I & II):_____
- MAKEUP AIRBRUSH I (Includes Airbrush kit):_____
- MAKEUP AIRBRUSH II:_____
- MAKEUP CELEBRITY PROGRAM (Identify class and instructor) _____
- HAIR ADVANCED PROGRAM_____
- HAIR MASTER PROGRAM_____
- HAIR CELEBRITY PROGRAM (Identify class and instructor)_____

PREFERRED METHOD OF PAYMENT:

CASH_____

CHECK:_____ CHECK # _____

TYPE: _____ CREDIT CARD NUMBER: _____

EXPIRATION _____

CCV#: _____

AMOUNT DUE: _____

DEPOSIT: _____

AMOUNT DUE: _____
