

# BEAUTIFUL NIGHTMARES

## CONTESTANT REGISTRY FORM

Please email this completed form to [christina@mmatroy.com](mailto:christina@mmatroy.com) by 09-24-18. ALL forms not completed and received by 9-27-17 will result disqualification from the competition. Team/model access to event will be limited to those registered via this form.

### CONTESTANT and TEAM (if applicable)

MAKEUP ARTIST(S):
CATEGORY (please circle):    FX        BEAUTY
MODEL:
MAKEUP ASSISTANT:
HAIR BY:
COSTUME BY:

### PRE FABRICATED APPLICANCES (if applicable)


### BIOGRAPHY

Do you have any formal training in makeup (applicable to Non-Multimedia Makeup Academy students/alumni)?

--

How long have you been doing makeup?

--

Please provide a short personal bio for inclusion in the event program.

--

What was the inspiration for your makeup? Tell us a bit about the design process.

--

How do you feel your design best meets the criteria of your category?

--