



550 Wave Street, Suite #6
Monterey, CA 93940
tel. 831.920.1137
krmakeupacademy.com

KMR Makeup Academy, Inc.
Application/Registration Form

Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Telephone: _____
E-Mail: _____ Fax #: _____

Class you would like to attend (Please Check one)

- Make-up 101 Advanced Make-up Training

Date you would like to attend the one week course:

First Date Choice: _____ Second Date Choice: _____

Level of experience (Please Check one)

- None Some Experience Experienced

If experienced, please explain at what level _____

In case of an emergency contact:

Name: _____

Telephone: _____ Relationship: _____

Tuition

Make-up 101 \$300 deposit and \$1,500 due 3 weeks prior to starting date.
Advanced Make-up Training \$500 deposit and \$1,900 due 3 weeks prior to starting date.

Payments can be made by personal check, money orders, cashier checks, debit or credit cards. Please make checks, money orders or cashier checks payable to: KMR Make-up Academy

Send to:

KMR Make-up Academy, Inc.
550 Wave Street, Suite 6
Monterey, Ca. 93940

Student's signature: _____ Date: _____

Please complete this form and send it in with your deposit to the above address. Deposits are non-refundable, but can be applied to a later date, within an 8 week period. The deposit will reserve you the Course Date you have chosen. If that Course Date is full you will either be able to select another date or have the choice to receive your deposit back.



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KMR Make-up Academy, Inc.
Is located in Monterey, California
Next to the Historic Cannery Row and just a few steps from the beautiful Monterey Bay
The Academy is Located in the:

The Stein Beck Court
550 Wave Street., Suite #6
Monterey, Ca. 93940

Mailing Address
KMR Make-up Academy, Inc.
550 Wave Street, Suite 6
Monterey, Ca. 93940
E-mail address: info@kmrmakeupacademy.com

If you would like to pay by credit card or debit card please fill in the form below

Credit Card/Debit Card information
(We do not share this information with anyone)

I authorize KMR Makeup Academy to deduct: \$_____ and / or \$_____

From my Master Card Visa Card:

Card Number:_____ Expiration Date:_____

Name Listed on card:_____ (Please Print)

Billing address:
Street:_____ Apt: # _____ City:_____ State:_____ Zip:_____

Telephone # _____

Signature of card holder:_____ Date Signed:_____

Student's Name:_____

Class Attending:_____ Date of Class:_____

Please complete this authorization form and send it in with the enrollment application if you would like to put the deposit and/or tuition amount on your Credit or Debit Card.