

claire balest

BEAUTY UNCOMPLICATED

BEAUTY BOX QUESTIONNAIRE

WHAT BEST DESCRIBES YOUR EVERYDAY STYLE?

{ATHLETIC, TRENDY, NATURAL, GLAMOROUS, PROFESSIONAL, OTHER _____ }

HOW MUCH TIME DO YOU HAVE TO SPEND DOING YOUR MAKEUP?

{2 MINUTES / 20 MINUTES}

HOW WOULD YOU DESCRIBE YOUR SKIN?

{DRY, NORMAL, OILY, OTHER _____ }

WHAT'S YOUR FAVORITE FACIAL FEATURE?

{EYES, LIPS, SKIN, BROWS, OTHER _____ }

WHAT KIND OF COVERAGE DO YOU PREFER IN A FOUNDATION?

{LIGHT, MEDIUM, FULL}

WHAT TYPE OF FINISH DO YOU LIKE YOUR SKIN TO HAVE?

{MATTE / GLOWING}

WHAT IS YOUR FAVORITE MAKEUP ITEM TO USE + WHY?

WHAT IS YOUR LEAST FAVORITE MAKEUP ITEM TO USE + WHY?

ARE THERE ANY PRODUCTS YOU CURRENTLY USE THAT YOU DON'T WANT INCLUDED IN YOUR BEAUTY BOX? {EX : IF YOU LOVE YOUR CURRENT MASCARA I CAN INCLUDE A DIFFERENT PRODUCT SO AS NOT TO DUPLICATE PRODUCTS YOU DON'T NEED / WANT.}

ARE THERE ANY SPECIFIC BEAUTY PRODUCTS YOU'RE SEARCHING FOR? IF SO, WHAT ARE THEY?

IF YOU HAVE ANYTHING ADDITIONAL YOU WOULD LIKE TO BE CONSIDERED AS YOUR BEAUTY BOX IS BEING CUSTOMIZED PLEASE INCLUDE HERE. {ALSO NOTE IF YOU HAVE ANY ALLERGIES, EYELASH EXTENSIONS, OR ANY OTHER INFORMATION THAT SHOULD BE CONSIDERED.}

WHERE WOULD YOU LIKE YOUR BEAUTY BOX TO BE SHIPPED?

PLEASE ATTACH A RECENT MAKEUP FREE PHOTO OF YOURSELF IN NATURAL LIGHT AND SEND ALONG WITH QUESTIONNAIRE TO CLAIRE@CLAIREBALEST.COM