

Studio W of Honolulu

Intro to Airbrush Makeup

First _____ Last _____ DOB _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Emergency Contact: _____ Number: _____ Relationship: _____

This contract constitutes an agreement between Studio W and _____
_____ Regarding instruction on the subject of Airbrush Makeup
Training.

The undersigned agrees to accept instruction from Studio W of Honolulu for tuition fees of \$599 this includes airbrush and compressor. Students can purchase at a discounted price Deluxe Makeup Kit and Pro 12 Makeup Brushes Kit: \$250 Please indicate this on the form so we can have your kits ready for the first day of class.

Deluxe Makeup Kit _____ Brush Set _____ Decline Kit/Brushes _____

*A deposit of \$250 is required to reserve your space in class.

Class Date(s) _____ **Time** _____

We accept Bank cashier checks, money orders, VISA, MasterCard or cash only.

No personal checks. The application fee and make-up fees are not refundable.

Make payable to STUDIO W of Honolulu.

I understand and agree to these terms.

Date: _____ Signature: _____

Date: _____ For Studio W: _____

In the unlikely event of an emergency Studio W may have to reschedule a class. We advise you to obtain travel insurance to cover any costs for airfare, hotels, etc. as Studio W cannot be held responsible.

Sign and keep a copy for your records.

111 Hekili St Suite A-227 • Kailua • HI 96734

Phone: 808.371.8242 Fax: 808.356.0804

Email: info@studiowofhonolulu.com