

### Mary Kay Entry Form

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Birthday \_\_\_\_\_ E-mail \_\_\_\_\_

Best time to call:      Morning      Afternoon      Evening

Would you like to know the best colors for your skin tone? YES    NO

Do you currently have a Mary Kay Consultant?                      YES    NO

Would you enjoy a makeover with 3 or 4 friends?                      YES    NO

**Thank you for your time!!**

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