

Motion Picture/Television

Course Name and Number:			
Prod. #:		Production Title:	
Producer:		Director:	

HAIR / MAKEUP ARTIST REQUEST FORM

Brief description of hair and makeup ideas:

Key Dates and Times:

Hair and Makeup Test Dates:
Costume Fittings:
Principal Photography:

Signatures:

_____	_____
Student Filmmaker	Date
_____	_____
Producer	Date
_____	_____
Head of Production	Date
_____	_____
Director of Wig and Makeup Program	Date
_____	_____
Student Wig and Makeup Artist(s)	Date
_____	_____
Dean of Design and Production	Date