

AMBER LASH

LASH ARTIST REGISTRY FORM

NAME: _____

PHONE: _____ EMAIL: _____

EXPERIENCE HISTORY: ____ Years

Freelance ____ Years Shop ____ years

SKILL / TECHNIQUE:

Classic Extension Volume Extension (pre-made / self-made) Eyelash Lift

Eyebrow Lamination Tinting Microblading

PORTFOLIO / INSTAGRAM: _____

WORK PREFERENCE:

FULL-TIME PART-TIME

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

LOCATION:

Manhattan Queens Brooklyn Bronx Staten Island

DESIRED PAY TYPE:

Weekly Salary Commission Based

*Desired Pay Rate: _____

By signing this form, you agree to collection and share of information listed on this form.
You also agree to receive promotional newsletter(including coupons) through the email listed.
Amber Lash is not responsible for disputes and troubles between artists and shop(hirer).

NAME: _____ SIGNATURE: _____ DATE: _____