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MAKEUP INFORMATION REQUEST

Please complete the following information and fax or mail this for to All Dressed Up Costumes.
You can also email this information to us, please indicate Makeup Request in the subject of your email
and include the following information:

Current Date _____

Name _____

Group/Theatre Name/Company _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Fax _____

Email Address _____

Name of Event/Show/Project _____

Specific Information about Request: