



# REGISTRATION FORM

## 36th International Masters' Award Make-up

I hereby apply to participate in the 36th International Masters' Award Make-up on Sunday, 19 October 2025.

### HOME ADDRESS

Title (Mr/Mrs/Other): \_\_\_\_\_

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Street, house number: \_\_\_\_\_

Postcode, City/Town: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### BUSINESS ADDRESS

Company: \_\_\_\_\_

Street, house number: \_\_\_\_\_

Postcode City/Town: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please send the completed form together with the following application documents to**

[Franziska.Beck@health-and-beauty.com](mailto:Franziska.Beck@health-and-beauty.com)

- Curriculum vitae
- Training certificate / Certificate
- Photo of model without make-up
- Photo of model with make-up, eyes open
- Photo of model with make-up, eyes closed

### Creation profile:

By submitting these documents, I hereby confirm and agree to the following:

I applied the make-up myself for the application photos. I have read and accept the criteria and conditions.

I agree that image, video, and audio material from the competition may be used without limitation in terms of time and location for publication on the Internet and in print for editorial and promotional purposes. Health and Beauty shall not be liable for any misuse of image, video, or audio material (e.g., video sequences posted on the Internet) by third parties.