

MARY KAY



Name: _____

Address: _____

City, State, ZIP _____

Phone: _____ OK to text?

Email: _____

Age Range (Circle one): under 18 18-25 over 25

Do you have a MK Consultant? Yes No

I would like to have a party and receive free products Yes No

I would like learn more about taking care of my skin Yes No

I would like to learn about how to apply colors Yes No

I am interested in the MK business Yes No

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