



MILITARY MAKEOVER APPLICATION

I. Instructions:

Print and complete the following application. Applications must be complete, legible and accompany close-up photos, and be mailed to the address below by the specified deadline to be considered.

II. Eligibility:

Military Makeovers is open to applicants who are legal residents of San Diego County, who are 18 years of age or older at the time of entry and who are active or retired military members of the US military or active or retired military spouses who are in good health condition.

III. Application Deadline:

APPLICATIONS MUST BE POSTMARKED BY OCTOBER 10TH

Mail Application to :

Partners in Beauty

P.O. Box 927190

San Diego, CA 92122

IV. Basic Information

A. How did you hear about the Military Makeovers?

Partners in Beauty Website

Direct Mail

News

Organization: (please specify below)

Radio Announcement

Newspaper Insert

Partners in Beauty Affiliate: (please specify below)

B. Please clearly describe your relationship with the U.S. Military: _____

C. Please Provide the following information:

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Day Phone _____ Eve Phone _____ Cell Phone _____

e-mail address _____ Best Time to Contact _____

Is it ok to leave a message? Yes No

Age _____ Date of Birth _____ Male Female

V. History – this information will be shared with Partners in Beauty Affiliates.

A. List all surgeries you have had in the past _____

B. List any medical conditions for which you are currently being treated or have been treated for within the last 5 years:

C. List all medications you currently take on a regular basis: _____

D. Do you smoke? Yes No

E. What is your height? _____ **What is your weight ?** _____

F. What is the most you have ever weighed ? _____

G. When you drive, do you wear glasses or contact lenses? Yes No

VI. Makeover Information

Please indicate your level of interest in the following services. If you are selected, we cannot guarantee any/ all services will be performed.

A. Cosmetic Surgery / Medical Treatments

Facial Rejuvenation	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Nose Reshaping	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Facial Implants	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Liposuction	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Breast Enhancement (augmentation/ lift or reduction)	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Tummy Tuck	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Skin Care/ Rejuvenation	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Laser Hair Removal	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very

B. Vision Correction

Laser Vision Correction	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Glasses / Contact Lenses	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very

C. Dental Services

Teeth Whitening	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Veneers	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Gum Procedures / Oral Surgery	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very

D. Other: Medical Services

Surgical Weight Loss Services	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
-------------------------------	-------------------------------------	-----------------------------------	-------------------------------

E. Personal Grooming

Hair Coloring	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Hair Styling/ Cutting	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Make-up Application	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Wardrobe Consulting	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Tanning	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Manicure/ Pedicure	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very

F. Wellness/ Fitness

Fitness Program	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Nutritional Program	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very
Spa Services- Massage/Facials	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very

VII. Lifestyle/ Other

A. Are you willing to allow to have photos documenting your makeover shared with the media and general public through various marketing and promotional activities?

Yes No

B. Are you comfortable appearing and being featured at a special event?

Yes No

C. Please circle your comfort level with public speaking or being interviewed publicly?

Unwilling Moderately Comfortable Extremely Comfortable

D. How much time can afford to take off work or caring for children/family within the next 3 months?

1-2 days 5-7 days 7-10 days 10-14 days 14 days or longer:

E. How much flexibility do you have for scheduling of appointments/ procedures:

- Very Flexible Somewhat Flexible Somewhat Inflexible

F. Please tell us why you feel you should be selected to receive a PIB Makeover? Include any and all pertinent information including personal/ family or financial hardships, upcoming events/ reunions/ self-image or self esteem issues: (feel free to continue this answer on the back of this application).

G. Please tell us about any concerns, fears or apprehensions you have regarding being selected for the makeover or the makeover process.

H. Please describe the general overall level of emotional support and acceptance you anticipate from your family should you be selected for a makeover?

- Very Supportive Somewhat Supportive Very Unsupportive

VIII. Terms and Conditions

1. Applications must be postmarked by the above mentioned deadline to be considered.
2. Photos must accompany application to be considered. Photos will not be returned.
3. Partners in Beauty and its affiliates reserves the right to deny your selection for the makeover at any time for any reason.
4. Applicants will be considered based on medical, physical and psychological candidacy for the procedures.
5. Selected applicant/s will undergo a combination of procedures and must be available during the period from October 1st through December 1st, 2004.
6. Partners in Beauty and its Affiliates reserves the right to cancel, suspend and/or modify the Military Makeover if fraud, technical failures or any other factor beyond reasonable control impairs the integrity of the Selection process or if no candidate meets the selection criteria or eligibility.
7. By applying for the Military Makeover, applicants agree to release and hold harmless Partners in Beauty and its Affiliates, their prospective officers, directors, employees, parent companies, and agents (the "Released Parties") from and against any claim or cause of action arising out of application or selection process.