2026 - Hair Stylist Training Series
Registration Form

I would like to register for the 2026 Fall Hair Stylist Training Series. I understand that seating is limited so applications will be accepted on a first-come, first-served basis.

****

Class 1: 11/7/26
Class 2: 11/14/26
Class 3: 11/21/26
Class 4: 12/12/26
Class 5: 12/19/26
Class 6: 1/9/27
Class 7: 1/23/27

****

Check One: This is my first time attending the series: Yes ☐ No ☐

If No, year attended_____ Series completed? Yes ☐ No ☐

This form must be completed, signed, and returned as instructed below.

Print all information completely and legibly. Personal information will be updated accordingly.

Name:_____ Last four digits of SSN: _____

Mailing Address: _____ Unit #*(Apt., Fl., Ste., etc.)*: _____

City:_____ State:_____ Zip Code:_____

Cell #: None ☐ ( ) - Home #: None ☐ ( ) - Email: None ☐ _____

I have read, understood, and agree to all the terms and conditions listed above:

Signature: _____ **Date:** _____

Please email this form to Contract Services to: UpgradeTraining@csatf.org

If you have any questions about this form, or how to submit it, please contact us at 818.565.0550 ext. 1260.