



2020 - Hair Stylist Training Series Registration Form

I would like to register for the 2020 Hair Stylist Training Series. I have attached my registration deposit check in the amount of \$175, made payable to CSATTF per Finance Dept. I understand that the \$175 will be refunded to me upon completion of the training series. I am aware that if I miss a class without approval from Contract Services, a non-refundable \$25 will be deducted from my refund for each missed class. I understand that seating is limited so applications will be accepted on a first-come, first-served basis.

Class 1: 02/29/2020	Class 5: 03/28/2020
Class 2: 03/07/2020	Class 6: 04/04/2020
Class 3: 03/14/2020	Class 7: 04/18/2020
Class 4: 03/21/2020	

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 #: () - Home #: () - Email:

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

Signature: _____ **Date:** _____

Please indicate below how you would like to receive approval of your application and any other mailing(s) regarding the Hair Stylist Training Series.

U.S. Mail Email

Please return this completed form along with your check in the enclosed envelope to:

Contract Services
Attn: Skills Training
2710 Winona Avenue
Burbank, CA 91504