



# 2025 - Hair Stylist Training Series Registration Form

I would like to register for the 2025 Spring Hair Stylist Training Series. I understand that seating is limited so applications will be accepted on a first-come, first-served basis.

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Class 1: 05/17/2025

Class 5: 06/21/2025

Class 2: 05/31/2025

Class 6: 06/28/2025

Class 3: 06/07/2025

Class 7: 07/12/2025

Class 4: 06/14/2025

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**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 return this completed form to: [upgradetraining@csatf.org](mailto:upgradetraining@csatf.org) by Wednesday, May 14, 2025.**

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