



# 2026 – Make-Up Artist Training Series Registration Form

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

\*\*\*\*\*

- |                  |                  |
|------------------|------------------|
| Class 1: 6/13/26 | Class 5: 7/25/26 |
| Class 2: 6/27/26 | Class 6: 8/1/26  |
| Class 3: 7/11/26 | Class 7: 8/8/26  |
| Class 4: 7/18/26 | Class 8: 8/15/26 |

\*\*\*\*\*

**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 #: <sup>None</sup>  ( ) - \_\_\_\_\_ Home #: <sup>None</sup>  ( ) - \_\_\_\_\_ Email: <sup>None</sup>  \_\_\_\_\_

**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](mailto: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