



2020 – Make-Up Artist Training Series Registration Form

I would like to register for the 2020 Make-Up Artist Training Series. I have attached my registration deposit check in the amount of \$200, made payable to CSATTF per Finance Dept. I understand that the \$200 will be refunded to me upon completion of the training series. I am aware that if I miss a class without prior 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	Class 8: 04/25/2020

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 Make-Up Artist 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