



2710 WINONA AVENUE  
BURBANK, CA 91504

T 818.847.0040  
F 818.847.0048  
www.csatf.org

## 2019 - Hair Stylist Training Series Registration Form

January 14, 2019

I would like to register for the 2019 Hair Stylist Training Series. I have attached my registration deposit check in the amount of \$175, made payable to CSATTF. 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 prior notice to CSATTF, 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

Class 1:	02/23/2019	Class 5:	03/23/2019
Class 2:	03/02/2019	Class 6:	03/30/2019
Class 3:	03/09/2019	Class 7:	04/07/2019
Class 4:	03/16/2019		

\*\*\*\*\*

**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:**

CSATTF  
2710 Winona Avenue  
Burbank, CA 91504