



2710 WINONA AVENUE
BURBANK, CA 91504

T 818.847.0040
F 818.847.0048
www.csatf.org

2019 - Make-Up Artist Training Series Registration Form

January 14, 2019

I would like to register for the 2019 Make-Up Artist Training Series. I have attached my registration deposit check in the amount of \$200, made payable to CSATTF. 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 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	Class 8: 04/13/2019

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 Make-Up Artist 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