

## APPLICATION FORM

PLEASE COMPLETE THIS APPLICATION FORM USING BLOCK CAPITALS & TICK THE APPROPRIATE BOXES. SEND BY POST OR FAX.  
Sassoon Academy, Admin Department, 321 Santa Monica Blvd, Santa Monica, CA 90401, USA. F: +1 424 330 2089

OR COMPLETE THE FORM ELECTRONICALLY AND SEND VIA EMAIL: [schooladmin@sassoonglobal.com](mailto:schooladmin@sassoonglobal.com)

### COURSE LOCATION

LOS ANGELES ACADEMY  
321 Santa Monica Blvd.  
Santa Monica, CA 90401

NEW YORK ACADEMY  
32 W 18th St  
New York, NY 10011

CHECK THIS BOX IF  
THIS IS YOUR FIRST  
TIME TAKING A COURSE

BOSTON ACADEMY  
399 Boylston St  
Boston, MA 02116

MCLEAN ACADEMY  
1855G International Dr,  
McLean, VA 22102

### COURSE DETAILS

COURSE NAME ..... 1ST CHOICE DATE .....

2ND CHOICE DATE .....  
(PLEASE PROVIDE AN ALTERNATIVE DATE AS YOUR 1st CHOICE MAY BE FULLY BOOKED)

### PERSONAL DETAILS

FULL NAME .....

SALON NAME .....

SALON ADDRESS .....

CITY ..... STATE ..... ZIP .....

TELEPHONE (SALON) .....

HOME ADDRESS .....

CITY ..... STATE ..... ZIP .....

EMAIL .....

TELEPHONE (HOME) .....

COSMETOLOGY LICENSE # .....

ISSUING STATE .....

EMERGENCY CONTACT .....

RELATIONSHIP .....

TELEPHONE (EMERGENCY) .....

### PAYMENT DETAILS

TOTAL COURSE PRICE \$   
(FOR COURSE DATES & PRICES, PLEASE REFER TO THE ADVANCED COURSE SCHEDULE)

#### PAYMENT METHOD (PLEASE SELECT)

CASHIER'S CHECK  VISA  MASTERCARD

MONEY ORDER  AMEX  DISCOVERY

(NO PERSONAL CHECKS ACCEPTED)

CARD NO. ....

CVC NUMBER ..... EXPIRATION DATE .....

CARDHOLDER'S NAME .....

BILLING ADDRESS .....

CITY ..... STATE ..... ZIP .....

COUNTRY .....

CARDHOLDER'S SIGNATURE .....

