



Official Re-Tightening Class Registration Form

Date: _____ Location: _____

Re-Tightening Instructor: _____ Sisterlocks done by: _____

NAME (please print): _____

Mailing address: _____

Phone: _____ Email: _____

I understand that Sisterlocks re-tightening instruction is offered only by Certified Sisterlocks Consultants with an "R" Certification. I also understand that my re-tightening instruction is for the sole purpose of maintaining my own hair. I agree not to hold my instructor responsible for damage to my hair as a result of my re-tightening practices. This instruction does not authorize me to train others, or to offer any Sisterlocks services to clients. **Registering through this form authorizes me to purchase replacement clip tools only from Sisterlocks.**

Signature _____

Date _____

(White = *Sisterlocks*; Yellow = Consultant; Pink = Client)