

Body & Soul Therapeutic Massage School
Application Form

_____		_____	
Last Name	First Name		
_____		_____	
Address	City	State	Zip
_____		_____	
Home Phone #	Work Phone #	E-mail Address	
_____		_____	
Date of Birth	Male/Female		
_____		_____	
Emergency Contact	Phone #	Relationship	
_____		_____	

Educational Background

<u>Name of Institution</u>	<u>Dates Attended</u>	<u>Degree/Certificate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Massage and Bodywork Experience

Please list any past experience you have had with massage and/or bodywork. Please include the type of bodywork and number of years experience.

Name of Workshop _____

___ Check enclosed for _____
___ Visa or Master Card (please call the school to run your credit card)

Signature _____

Mail to: Body & Soul Massage School 353 N. Hillside Wichita, KS 67214

