



ENROLLMENT APPLICATION

To reserve your space in class, please return the application with a \$50 non-refundable fee to: Advanced Massage Therapeutics 2932 Breckenridge Ln. Louisville, KY 40220

First Name Middle Last

Street Address City State Zip

Date of Birth Home Phone Alternate Phone

Occupation Employer Work Phone

How did you hear about us?

Reason for taking the class

Yes No If yes, what?

Any past education / experience with massage?

a.m. p.m.

Which class do you prefer? circle one

X

Signature Date

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