

ENROLLMENT APPLICATION

To reserve your space in class, please return the application with a \$50 non-refundable fee to: Advanced Massage Therapeutics 2221 Goldsmith Ln. Louisville, KY 40218 First Name Middle Last Street Address City State Zip Alternate Phone Date of Birth Home Phone '9a U]`'5XXfYgg 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