

# ~ Application ~

Sedona School of Massage  
75 Bell Rock Plaza, Suite B, Sedona AZ. 86351

Please complete and return this application along with the following:

- \$50.00 application fee made payable to the Sedona School of Massage:
- copy of a high school, GED or college transcript:
- brief biographical sketch, explaining your motivation for training in massage and your philosophy of healthcare.
- recent photograph of yourself

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Last Name	First Name	Middle Name	Date	
<hr/>				
Mailing Address	City	State	Zip	Area Code & Telephone
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Birthdate	Male	Female	Occupation	

Semester Desired:  Fall 2007     Spring 2008     Fall 2008

How did you hear about our school?

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In case of emergency, please contact:

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Name	Relationship to student			
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Mailing Address	City	State	Zip	Area Code & Telephone

Education:

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Name of High School	Address	Certificate or Degree
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Name of College	Address	Certificate or Degree
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Name of Technical or Vocational	Address	Certificate or Degree

Please list any previous experience or training in massage therapy:

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Have you ever been convicted of a felony?  Yes  No

Have you had any communicable diseases within the last two years?  Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications?  Yes  No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Is there anything that would be helpful for us to know about your mental or physical condition while you are in massage school?

\_\_\_\_\_

\_\_\_\_\_

Please list two references (other than family members):

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Area Code and Telephone #

\_\_\_\_\_

Area Code and Telephone #

I have completed this application to the best of my knowledge and I state that the information given is true and correct. I have also read the Sedona School of Massage policies as stated in this catalogue.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if applicant is under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application Reviewed and Accepted by (school administrator)

\_\_\_\_\_  
Date