

~ 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

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

Semester Desired: Spring 2010 Fall 2010 Spring 2011

How did you hear about our school?

In case of emergency, please contact:

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

Education:

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:

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
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