



*TOTAL HEALTH WORKS
MASSAGE CLINIC & SCHOOL*

SEMINAR APPLICATION

Seminar applying for _____

NAME: _____ SS#: _____

ADDRESS: _____ DATE: _____

CITY, STATE & ZIP CODE: _____ How long there? _____

PHONE: _____ BIRTHDATE: _____

CURRENT EMPLOYMENT & OCCUPATION: _____

EMERGENCY CONTACT: Name: _____
Address: _____
Phone: _____

Relationship to student? _____

PRIOR MASSAGE CLASSES? _____ WHERE _____

DATES: _____ GRADUATE _____

APPLICATION FEE ENCLOSED _____ AMOUNT _____

Printed Name _____ Date _____

Signature _____ Date _____

Guardian (if applicant is a minor) _____ Date _____

I understand that to be eligible to attend Total Health Works Massage School, **I must be able to read, write and understand the English language.**

Please mail application & fee to:
**TOTAL HEALTH WORKS
MASSAGE CLINIC & SCHOOL
435 N. Mosley
Wichita, KS 67202**