



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 _____

SEMINAR 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