

TRI CITY SCHOOL OF MASSAGE
26 E. Third Ave.
Kennewick, WA 99336

Application For Enrollment

Name _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Present Occupation _____

Birthdate _____

Social Security Number _____

Marital Status _____

Have you had any previous experience in the field of massage? _____

If so, where? _____

Have you had training in any other health field, such as nursing?

Why do you wish to take massage training?

Highest Grade Completed Prior to Enrollment? Where?

GED _____ High School Graduation_____

Some Post High School (no degree or certificate)_____

College_____

Associate Degree? _____ Bachelors Degree or above?_____

Do you have any physical handicaps or medical problems?

List three character references:
Please give name, address, and phone number.

1. _____

2. _____

3. _____

Enclosed is my check for \$600.00

Signature of Applicant