

Enrollment Application

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____ Email Address: _____

Class/Dates/Deposit

Please include the class with the chosen dates and deposit total. If you wish to pay in full please write **PIF**. You will receive a 5% discount when any certificate (does not apply to individual classes) is paid in full.

Class _____ Dates _____ Deposit\$/PIF _____

Class _____ Dates _____ Deposit\$/PIF _____

Class _____ Dates _____ Deposit\$/PIF _____

Class _____ Dates _____ Deposit\$/PIF _____

Class _____ Dates _____ Deposit\$/PIF _____

Total paid today\$ _____

Do you have prior massage training? _____

If yes, from which institution? _____

In what areas of massage do you specialize? _____

How did you hear about McKinnon BTC? _____

Signature _____

Date _____