

SacraVasia

school of ancient thai massage



Which program are you interested in attending?

REGISTRATION

FIRST NAME LAST NAME DATE OF BIRTH [/ /]

LOCAL ADDRESS

MAILING ADDRESS

PHONE [] - EMAIL

How did you hear about this course?

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Please give an overview of your experience in bodywork / massage, including any courses or certification.

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Do you have any health-related concerns that would prevent you from participating ?

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What do you hope to achieve in taking this course?

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METHOD OF PAYMENT

Please deposit \$325 to secure your place or enquire to receive a discount and pay the full amount today. The balance must be paid prior to the course start date. Cheques made payable to the course administrator, please refer to the fee schedule.

CHEQUE

CASH

DATE SIGNATURE TOTAL PAID \$ _____