Application for Structural Integration Sedona School of Massage 2945 Southwest Dr., Sedona, AZ. 86336

Please complete and return this application along with the following:

□ \$50 application fee, made payable to the Sedona School of Massage:

□ brief biographical sketch, explaining your prior training, and, your motivation for training in

Structural Integration. What do you hope to gain from this course, professionally and personally?

recent photograph of yourself for your file...does not have to be passport quality

Last Name	First Name		Middle Name		Date
Mailing Address	City	State	Zip	Area Co	de & Telephone
Bírthdate	Male	Female		<u> </u>	iress
Semester Desired:	summer 2023				
How díd you hear about tl	ne program?				
In case of emergency, plea	ise contact:				
Name				Relationship to s	tudent
Mailing Address	iling Address City		Zip	Area Code & Telephone	
Educatíon:					
Name of Hígh School		Year		Certificate or D	egree
Name of College		Year		Certificate or D	egree
Name of Technical or Vocational		Year	Certificate or Degree		egree

Have you had any communicable diseases within the las	÷ — —
If yes, give details: Are you currently taking any medications? [] Yes	
If yes, please list: Is there anything that would be helpful for us to know al in school?	 >out your mental or physical condition, while you are
Please List Two References:	
Name	Name
Address	Address
City, State	City, State
Phone	Phone
Are you currently working in the field of bodywork?	
 Do you exercise regularly? What type	
Do you have an awareness practice you work with?	
have completed this application to the best of my know	leage and the information given is true and correct
Sígnature	Date
Application reviewed and accepted by	Date
"Don't ask yourself wh Ask yourself what makes <i>you</i> o Because what the world needs	come aliveand go do that