

Date: ___ / ___ / ___

Name: _____

Street: _____ Town: _____

State: _____ Zip Code: _____ SS#: _____

Mailing Address _____

Home Phone _____ Work Phone _____

Email: _____ URL: _____

Occupation: _____ Employer: _____

Birthdate ___ / ___ / ___ Sex _____

List all schools attended and degrees earned (where applicable):

School	Dates Attended:	Date Graduated:

List Massage Courses Taken (if any):

To the best of my knowledge the above information is correct:

Signed _____ Date ___ / ___ / ___

What (if any) is your Equine background? (Use back of page if necessary)

How did you hear about Equine Massage/Muscle Therapy? (Use back of page if necessary)

Why did you choose this course over others? (Use back of page if necessary)

What do you hope to achieve by the end of this course ? (Use back of page if necessary)

By signing this application I understand that this course 'EQUINE MASSAGE 101' or an Intro to Equine Massage/Muscle Therapy is an 'introductory' to 'EQUINE MASSAGE'. I do not intend to mislead the consumer into believing that I have graduated from the 'EQUINE MASSAGE/MUSCLE THERAPY CERTIFICATION PROGRAM' instructed by Mike Scott and sponsored by Bancroft School of Massage Therapy.

Signed _____ Date ___ / ___ / ___