



Massage Course Student Application Form

This application should be completed, signed, and returned along with a space-ensuring application deposit of \$400 to 25 Waianuenue Ave. Hilo, HI 96720 no later than: ___/___/___

Your name as you would like it to appear on certificate

(____) _____
Phone Number

Email

Street Address

City

State

Zip-Code

How did you hear about this opportunity?

What is your availability? Circle all that apply

| | | | | | | |
|--------|--------|---------|-----------|----------|--------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| AM | AM | AM | AM | AM | AM | AM |
| PM | PM | PM | PM | PM | PM | PM |