



Downeast School of Massage

Application for Enrollment

Date _____

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____ Cell phone _____

Phone (h) (____) _____ Phone (w) (____) _____ E-mail _____

Date of Birth _____ Age _____ Marital Status _____

Applying for:

- Completion of January program.
- Completion of September program in one year.
- Completion of September program in two years.

Area of Concentration:

- 1 Sports Massage
- 2 Shiatsu
- 3 Energy Quest

Education (include high school, university, location, date, degree)

Employment

Current occupation: _____

Place of employment: _____ Date hired: _____

Personal

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, explain: _____

Do you have any physical or health problems? _____

Do you have previous experience in the field of Massage? Yes No

If so, where? _____

Have you had training in any other health field (nursing, EMT, etc.)?

Have you received Massage Therapy before? Yes No

