

Massage Instruction for Beginners

Registration Form - Each Team Member Must Complete Form

Massage for Beginners
Tuesday evenings 5:30 to 8:30 for five weeks
Robertson Chiropractic Wellness Center
Instructor: Maria Gail

Name _____
Age _____
Street address _____
Mailing address _____
Day phone _____
Evening phone _____
Team partner's name, relationship and phone number _____

Will your team require one massage table or two? _____

- Enclosed is my \$50/per person non-refundable deposit. \$70 balance is due by first class.
 Enclosed is my \$120/per person payment in full.

**Within one week of first class, payment is non-refundable.
I am in good health. I understand that this is not formal training
for massage therapists.**

Signature _____
Date _____

Mail registration form to
Maria Gail
1070 East Waldo Road
Belfast, ME 04915

-----**Each team member complete and submit a form**-----

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1/18/05 to 2/15/05
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