

# 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-----

Massage for Beginners  
1/18/05 to 2/15/05  
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Age \_\_\_\_\_  
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