

COLLINSON MASSAGE SCHOOL
APPLICATION FOR ADMISSION

DATE _____

NAME: _____
 Last First Middle

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home _____ Work _____ Cell _____

BIRTHDATE: _____ SSN _____ EMAIL _____

CURRENT PROFESSION: _____

SCHOOL ATTENDED	YEARS COMPLETED	DEGREE
High School _____	_____	_____
College _____	_____	_____
Graduate School _____	_____	_____
Previous training in massage _____		

LIST THREE CHARACTER REFERENCES (*Can be family members*)

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I (*signature*) _____ state that I am in good health and am able to give and receive massages. I, therefore, release the Collinson School of any liabilities regarding my health while giving or receiving massages. If you are in doubt consult your family doctor.

SEND APPLICATION WITH CHECK OR MONEY ORDER FOR \$50 TO:
Collinson Massage School
2163 N Academy Blvd.
Colorado Springs, Co 80909