

BELLEVUE MASSAGE SCHOOL

MASSAGE LICENSING PROGRAM or REFLEXOLOGY CERTIFICATION REGISTRATION FORM

I am registering for your 651 Hour Professional Massage Licensing Program (please check the section that you would like to enroll in):

_____ Mornings - Mon., Wed. & Fri.
Hours: 8AM – 1PM
Hours: Saturdays 9AM - 3PM

_____ Evenings - Mon., Wed. & Fri.
Hours: 5:30PM – 10:30PM
Hours: Saturdays 9AM - 3PM

Starting Month/Year _____

I am registering for your 207 Hour Reflexology Certification Training Program:

_____ Morning's – Mon., Wed. & Fri.
Hours: 8AM – 1PM

Upon receipt of a \$100.00 registration fee, your place in the class of your choice is secure. See the booklist for required books and be sure to set aside or secure some sheets for practicing massage therapy or Reflexology. Registration fees are non-refundable after five business days and provided you have not commenced training.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (Day) _____ (Evening) _____

EMAIL ADDRESS _____

MAKE CHECK PAYABLE TO: **BELLEVUE MASSAGE SCHOOL**

SEND THIS FORM WITH CHECK TO:

BELLEVUE MASSAGE SCHOOL

Attn: Admissions Director
15921 N.E. 8th, Ste. C-106
Bellevue, WA 98008
(425) 641-3409

Or pay through PayPal: <http://www.bellevuemassageschool.com/admissions/registration-form.php> SEND THIS FORM VIA EMAIL to: director@bellevuemassageschool.com