

**Alternative Therapy
1601 Milltown Rd. #21
Wilmington, DE 19808
Phone (302) 633-4428
Fax: (302) 633-1531**

APPLICATION AND REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ (evening): _____

Birthday: _____ SS#: _____

In case of emergency contact: _____

How did you hear about Alternative Therapy? _____

Please include the following with your application:

- Proof of date of birth (copy of drivers license, birth certificate, etc.)
- Official copy of high school diploma or GED
- Statement from physician, verifying that you are physically able to perform and receive massage therapy.
- \$500.00 deposit (\$250.00 to hold your seat, \$250.00 balance due by 1st day of class)

I hereby declare, that to the best of my knowledge, the information provided on this application is true and complete, without any misrepresentation. I understand that if any information provided is found to be untrue, this will be cause for rejection of application or dismissal from the program. I authorize Alternative Therapy LLC, to inquire when necessary, to verify the accuracy of my records.

Applicant's Signature

Date

Please mail or fax completed application as soon as possible to insure your participation. Upon approval of your application, you will be contacted for a personal interview.