



Healing Hands Holistic Health Center School of Massage

Myomassology 600 hour Program Enrollment Application

Please Print
Name: Last _____ First _____ M.I. _____

Address: _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Date of Birth _____ Drivers License # _____

Do you have prior massage experience? _____ What type? _____

How did you find our school? _____

Do you have previous related education or experience? _____

What do you hope to gain from this course? _____

Available classes are listed below. Please indicate by circling your class preference.

Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM
Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM

\$25.00 registration fee required for processing.

Registration fee of \$25.00 is retained by the school if the applicant is denied enrollment. For individuals who pay a partial tuition at the start of the course, shall be refunded if the applicant is rejected by the school before enrollment. Tuition and fees paid by the applicant shall be refunded if requested within three business days after signing a contract with the school. This policy shall adhere to the policies of applicable state, federal, and accrediting agencies. All refunds as described in this paragraph shall be returned within 30 days.

39323 Garfield Road * Clinton Township * Michigan * 48038 * (586) 469-3811
www.myomas.com