

Equissage, Inc.

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Dual Massage Therapy Certification Application

Application for the week of _____/_____/_____

Applicant Information

Full Name:	_____	Date:	_____
	<i>Last</i> <i>First</i> <i>M.I.</i>		
Address:	_____		<i>Apartment/Unit #</i>
	<i>Street Address</i>		
	_____		<i>State and ZIP Code</i>
	<i>City</i>		
Phone:	_____	Email:	_____
Referred By:	_____	Are you 18 years of age or older:	<u>Yes</u> or No (Please circle one)

Subjects of special study or interest

Horse related activities:

Why is a career of an ESMT of interest to you?

References

Please list three references of people not related to you.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Payment Information

Please accept my enrollment in the **Dual Certification On-Site Program** for the week of:

____/____/____

Enclosed is my payment of \$400, which is my deposit and will reserve my spot for the class I have chosen.

I understand that the deposit is **Non-Refundable**. I also understand that tuition is due in full, minus the amount of paid deposit, on the first day of class.

Please sign below to acknowledge agreement:

I have enclosed a check or money order: _____

Or

I prefer to have my deposit paid via my _____ credit card
(Please specify Visa, Mastercard, American Express, or Discover)

Card Number _____

Expiration Date _____

Name on Card
please print _____

Signature _____

Thank you for your application for our Dual Certification Course.
We look forward to having you with us.