



Print this page to Enroll in the Massage
Therapy Program of your choice

2009 - 2010 Enrollment Form

_____ **September 2009-10 Days** - Mondays 12:00-8:55PM

_____ **September 2009-10 Evenings** - Monday & Wednesday

_____ **February 2010-11 Days** - Tuesdays 9:00AM - 5:30PM

Evenings - Mondays: 5:30 - 8:55PM Wednesdays 5:30-9:55PM

To Enroll Print this page, place a checkmark by the class you wish to enroll in,
complete the required information and include tuition deposit of \$500.00.

Name: _____

Phone: _____

Address: _____

City/State: _____ Zip: _____

Deposit Paid By: Cash Check #: _____ Credit Card

Credit Card # (Master Card/Visa) _____

Expires: _____

Signature authorizing CC Charge: _____

Please note: All students are required to follow admissions requirements listed in
catalog including the admissions interview.

Return to: **Fox Valley School of Massage, P.O. Box 615 Neenah, WI 54957-0615**

Phone: 920-993-8660