



**Print this page to Enroll in the
Massage Workshop**

To Enroll Print this page, place a checkmark by the month you wish to enroll in, complete the required information and payment of \$150.00.

Name: _____
Phone: _____
Address: _____
City/State: _____ Zip: _____

Deposit Paid By: Cash Check #: _____

Credit Card # (Master Card/Visa) _____
Expires: _____

Signature authorizing CC Charge: _____

Classes run during the following months. Place a checkmark by the month you will be attending. Go to <http://www.fvsm.org/2day.asp> for current dates.

_____ January	_____ July
_____ February	_____ August
_____ April	_____ September
_____ June	_____ November

Have you attended this class in the last 12 months?

_____ Yes _____ No

Return to: Fox Valley School of Massage
P.O. Box 615
Neenah, WI 54957-0615
Phone: 920-993-8660