

**APPLICATION FORM
INTRODUCTORY MASSAGE COURSE**

This form must be accompanied by deposit of full payment.
PLEASE PRINT CLEARLY

First name		Last name	
Mr/Mrs/Miss/Ms	Date of birth		Nationality

Address

Street			
Town			
County			
Postcode		Country	

Telephone

Day		Mobile	
Eve.		Email	

I hereby apply for a place on **INTRODUCTORY COURSE** code

Yes/no

Course places do fill up early. If this course is full would you like a place on the next one.	
Would you like to go on a waiting list for a place on an earlier course.	

Full Fee <i>or</i> Deposit enclosed	Balance of	£ <input type="text"/>
£ <input type="text"/>	to be paid on/by 1 st day	

(Cheques payable to: London School Of Sports Massage)

SIGNED.....**DATE**.....