



APPLICATION FOR ADMISSION

Mail To:
CALIFORNIA HOLISTIC INSTITUTE
3500 EL CAMINO REAL
ATASCADERO, CA 93422
(805) 461-4808

Name _____ Home Phone _____

Home Address _____ Work Phone _____

City _____ State _____ Zip _____

Email Address _____

Date of Birth _____ Drivers License # _____ Sex F M Age _____

Employer/Company Name _____

Title/Occupation _____

High School _____ City _____ Yr. Grad/GED _____

College or other education _____ Major/Degree _____

Describe your background and interest in massage therapy: _____

Have you ever had a professional massage? Yes No

How did you hear about our school? _____

Are you interested in the day or evening class? _____

Please mail application to above address and we will contact you for an interview.

If you have any questions, please call (805) 461-4808

Date Received at CHI _____