

Registration for  
**Introductory  
Massage Therapy  
Weekend Workshop**

Please indicate the Massage Therapy workshop you wish to attend:

August 14-16, 2010

Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal /Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Will you be under the age of \*19 years by the time you plan to start as a student at Utopia Academy?

YES  NO

\*Please note that applicants under 19 years of age will require a signature from their parent or legal guardian on the student contract.

How did you heard about Utopia Academy? \_\_\_\_\_

What is your interest in Massage and Hydrotherapy?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print and complete this form and mail with \$75.00 deposit to the address below. Upon receipt of your application we will contact you to confirm your registration.  
A balance of \$250.00 plus taxes is required on the first day of the Workshop.

Utopia Academy  
Weekend Workshop  
220-181 Keefer Place  
Vancouver, BC  
V6B 6C1