

WORKSHOP APPLICATION
KAPOLEI MESSAGE INSTITUTE

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PERSONAL INFORMATION:

First *Middle* *Last*

Date of Birth *Social Security*

Marital Status *When can you start class?* *Are you available on TuesPM & ThursPM?*

Street Address *Apt/Unit/Suite #*

City *State* *Zip*

Contact #1: *Home* *Mobile* *Work* *Email* *Contact #2:* *Home* *Mobile* *Work* *Email*
May we text you? *Yes* *No* *May we text you?* *Yes* *No*

EMERGENCY CONTACT INFORMATION:

First *Last* *Relationship*

Contact #1: *Home* *Mobile* *Work* *Email* *Contact #2:* *Home* *Mobile* *Work* *Email*
May we text you? *Yes* *No* *May we text you?* *Yes* *No*

I hereby acknowledge that the above information is true.

Applicant's Signature *Date*