



**APPLICATION FOR ADMISSION**

Mail To:  
CALIFORNIA HOLISTIC INSTITUTE  
11555 LOS OSOS VALLEY RD., #207  
SAN LUIS OBISPO, CA 93405  
(805) 786-4808

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) 786-4808

Date Received at CHI \_\_\_\_\_