



BODYWALKING INSTITUTE REGISTRATION

Date _____ How did you learn about BodyWalking?

Name _____

Home Address _____ What inspired you to BodyWalking?

Business Address _____ Have you completed one required Bodywalking

_____ session by a Certified BodyWalker? Y N

Email address _____ If so, who was it? _____

Home Telephone _____

Business Telephone _____

Business Name _____

Please attach card on back

How long have you been a bodyworker _____

Why do you do it? _____

List modalities and schooling

How long have you been licensed? _____

Please attach copy of license and insurance

Payment options: Mastercard, Visa, Cash or Check.