



Application for Spring Mentorship Program:
Deep Tissue & Pain Management Massage

All information on this form is confidential.

NAME _____ DATE _____
ADDRESS _____
PHONE _____
EMAIL _____
BIRTHDAY _____ OCCUPATION _____

1. How did you hear about the Rising Spiral Mentorship Program?

2. What is the main reason for your interest in this program?

3. List three things you hope to learn/accomplish from the training:

4. What is your experience with massage? How long have you been practicing, where and with whom? What are the most rewarding and challenging aspects of your massage practice?

5. Do you follow any bodywork educators, authors, or podcasts? If so, who/what are your favorites?

6. What is your dream job?

7. What would a massage therapist need to know about your body before a bodywork session? Please list any acute or chronic pain problems, injuries, or illnesses that are still affecting you, and provide details where pertinent.

8. Please write a short bio including any other information you'd like us to know:

PLEASE SEND THE COMPLETED APPLICATION TO:

Rising Spiral Massage
1707 W. Koenig Lane
Austin TX 78756

Or, you can email a copy of this application to julia@risingspiralmassage.com.

Email or Call 512.200.3909 with any questions.

We will reach out to you within one week of application submission to complete your registration. If accepted, you can send a check or money order for \$750 to the address listed above.

Thank you for your interest in our program. We look forward to working and playing with you!