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|---|---|
| Name:   |   |
| Date:   |   |
| Address:  |   |
| Phone:  |   |
| Cell Phone:   |   |
| Occupation:   |   |
| How did you hear about Elements of Wellness?  |   |
| Have you even received a student clinic massage? Where?   |   |
| How did or do you feel about being apart of our students education?                                     |   |
| How do you feel about receiving different types of massage that the students need to practice?          |   |
| What about you makes you feel you would be a good client for our massage therapy students to work with? |   |
| <b>Please list the times you are available for each day of the week...</b>                              | <b>Mornings is 9:00 - 12:00<br/>Afternoons is 1:00 - 4:00<br/>Evenings is 6:00 - 9:00</b> |
| Monday  |   |
| Tuesday   |   |
| Wednesday   |   |
| Thursday  |   |
| Saturday  |   |
| Sunday  |   |
| Are you interested in one session or 6 week session?  |   |
| 1 student clinic massage  | \$ 40.00  |
| 6 week student clinic session   | \$ 140.00   |
|   |   |