

# Zen Tribe Wellness

P.O. Box 42408  
Tucson, Arizona 85733

## Zen Shiatsu-do Training Program Application Form

**Date:** \_\_\_\_\_

**Course Title** (please check):

\_\_\_\_\_ 108 Hour Basic Shiatsu Training Course

\_\_\_\_\_ Chi Nei Tsang

\_\_\_\_\_ Medical Qi Gong

**Name:** \_\_\_\_\_

**Address/City/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Contact/Number for  
Emergency:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Sex:** (M) \_\_\_\_\_ (F) \_\_\_\_\_

How did you hear about us?

General Health Condition/Concerns:

Education:

Bodywork Experience:

Employment:

Interests:

What is your aspiration with this course of study?

(Please handwrite this section)