

SemioPhysics *Feldenkrais*® Training Program – Application Form

Name: _____

Address: _____

City, State, Zip, Country: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Fax _____

Email: _____ Other Email: _____

Date of Birth: _____ Place of Birth: _____

In addition, please send the following:

1. Curriculum vitae or resume
2. Two letters of recommendation
3. A brief description of your experience of the Feldenkrais Method® and your goals for the Training.
4. A brief essay telling us something about yourself
5. A photo (or digital jpeg or tiff file) of yourself
6. \$50 US non-refundable application fee

We may ask for a follow-up phone call. Applications will be considered and processed in the order they are received. **Upon application acceptance, we will send you a Student Health Form to fill out and a Contract to be signed and returned with a \$500 deposit.** Your place in the training will then be assured upon receipt of the deposit that will be applied to your first year's tuition. Fill out this page and send with the other materials (or digital PDFs) to this address:

SemioPhysics
12 West Street
San Rafael, CA 94901
info@semiophysics.com
Phone 415.857.4778

Please sign below to complete your application.

Signature _____ Date _____

There will be no discrimination based upon physical limitation, race, religion, creed, age, gender or sexual orientation.