

**Training Application Form
for 10 Level Biodynamic Craniosacral Foundation
and Five Day Introductory**

Name: _____ Home phone: _____

Street: _____ Bus. Phone: _____

City: _____ Fax: _____

State, Zip: _____ Email: _____

Current Occupation: _____ Date of Birth: _____

How did you hear about this training? _____

Are you interested in the full two year program? _____

Please use a separate paper to answer these questions

Summarize your health education experience, specify professional training:

Summarize your experience as a professional in the health field:

Please briefly describe current health condition & medical history:

Do you receive therapy? With whom?

Any other relevant information:

Any other information to support your application:

Send this completed form with \$250.00 to:

Peggy Reynolds-Olsen E-mail: peggy@peggyolsen.com
227 N. El Camino Real, Suite 103 Phone: **(760) 809-7081**
Encinitas CA 92024 Fax: (760) 751-4398

Deposit Policy: \$250.00 is refunded if your application is not accepted, deposit is deducted from course tuition total. If you withdrawal, your deposit is non refundable. If you choose to pay with a Credit card please fax your application. Please do not email.

***Make checks payable to Peggy Reynolds-Olsen:
We also accept Visa and MasterCard by telephone.***