

Lomilomi Class – Registration Form

Type of Class: Beginners/Advanced

Date of Class _____

Name

Address

City

State

Zip

Contact Information:

Phone

Fax

Cell

E-mail

In case of emergency, notify:

Name

Relationship

Phone

Cell

Enclosed is my 50% deposit for class date listed above.

I will pay balance due by start of class in US Dollars

Signature

Fees do not include lodging, meals or transportation. Map, address and directions will be provided upon receipt of deposit.

Send completed application with deposit to: Jeanella Keopuhiwa
PO Box 463
Volcano, Hawai'i 96785

Previous Lomilomi training? Please list when and with whom.

Licensed Therapist? Yes or No (circle one).

Any health concerns?

Refunds will be given up until 10 days prior to registered class less \$50.00 as a processing/reservation fee.