

For Office Use Only:

Application received _____

Action _____



Alexander Training Institute
of Los Angeles

APPLICATION • Six-Week Intensive

Name _____ Date _____

Telephone _____ Work Telephone _____ Cell phone _____

E-mail _____

Current Address _____

Permanent Address _____

Date of Birth _____ Place of Birth _____

Driver's License No. _____ U.S. Citizen Yes No

Date you would like to begin an Intensive _____

Number of Alexander Technique lessons you have had (please list private and group separately) _____

I would like to participate in a Six-Week Intensive because: *(If you need further space, please attach a separate sheet to the application.)*

Applicant Signature

Date

Thank you for your interest!