

2026-2027 Mentorship Application

Name _____ Pronoun She/her He/him They/them
 Address _____
 City _____ State _____ Zip _____
 Phone # (____) _____ Accept Texts? Yes No Cell Land line Office Other
 E-mail address _____

What information would you like included on class rosters, available only for classmates?

- Name Address Phone
 E-mail address None of the above

Check and prioritize group/schedule preferences (Each segment is 4 weekdays and one weekend day) Prioritize by marking #1 as first choice and #2 as second and please identify those you cannot do:

<input type="checkbox"/> Group 1	Tue. Mornings 9:00 am - 1:00 pm + 1 Sat. per segment	Priority # _____ <input type="checkbox"/> Cannot do
<input type="checkbox"/> Group 2	Wed. Mornings 9:00 am - 1:00 pm + 1 Sun. per segment	Priority # _____ <input type="checkbox"/> Cannot do

Enrollment Choice:

- First time participant for Whole series Individual courses
 Alumni retake for credit Whole series Individual courses
 Alumni audit opportunity if available (no credit) Whole series Individual courses

Deposit* - due with application and includes now required sales tax (10.55%).

- \$221.10 if applying for the entire series regardless of payment option chosen.
 \$55.28 per course if applying for an individual course(s) regardless of payment option chosen. Mark course(s) of choice.

<input type="checkbox"/> Pelvis to Feet - 24 hrs	<input type="checkbox"/> The Trunk - Spine, Thoracic Cage & Abdomen - 24 hrs
<input type="checkbox"/> Shoulders to Fingers - 24 hrs	<input type="checkbox"/> Head, Neck, Face, Intra-oral- 24 hrs (exceeds WA requirements)

**Minimum number of students per group is three (3). If the minimum number is not met and you cannot join another group you will be refunded all fees paid including deposit unless you request a transfer.*

Payment Options (Deposit is included in total costs regardless of payment option and all include required tax):

- Taking whole series - Payment in full prior to start of entire series = Total (includes deposit) \$1,658.25
 Taking whole series - Payment plan regardless of chosen option = Total (includes deposit) \$1,768.80
 Pay per course \$386.93 within the whole series payments due first day of each segment.
 Pay monthly - negotiated and agreed upon with instructor in advance of first-class meeting (total to be paid \$1768.800)
 Taking individual course(s) within the series - Payment in full prior to start of each course = \$442.20 per course (includes deposit).
 Alumni whole series Payment in full prior to start of entire series = Total (includes deposit) \$1216.05
 Alumni individual course(s) within the series - Payment in full prior to start of each course \$304.01 (also payment plans are available when negotiated and agreed upon with instructor in advance of first-class)
 Alumni Audit - Only if space available – No deposit or fees (no credit or certificates are issued for audit)

Please initial each item below

_____ I understand that 80% attendance is required to receive full credit and a certificate of participation for each course. Participants attending less than 80% will only receive a transcript outlining the actual hours completed (noting that the course was not completed in accordance with course standards).

_____ I understand that should I miss more than 20% of a course I may choose to arrange for a make up session with the instructor at a cost of \$30 (per hour) to obtain complete course credit and a certificate of participation.

_____ If I am paying by "payment plan," I agree that once I begin the course/series, I will pay for the entire course/series even if I choose to not finish the course/series.

_____ I agree to comply with infection prevention and control practices minimizing shared risk for all. I also agree to not attend class should I not feel well.

_____ I agree to abide by class agreements as negotiated with classmates and instructor at the first class meeting. These are intended to ensure safe, effective and supportive learning environment for all.

Please attach additional pages as needed to answer these questions.

What do you want to gain as a result of participating in this program?

Given the series/course descriptions, is there anything you would like specifically addressed, included and/or excluded in the series or an individual course?

What expectations do you have of the instructor?

Application Checklist:

- Completed application
- Copy of current Massage license
- Copy of Practice Liability Insurance
- Deposit/Payment - applicable deposits, payment for whole series or each course Cash Check Credit/Debit
(Please make checks payable to Four Winds. Credit/Debit payments are accepted via Square)

**Return completed application and required document copies to: Dawn Schmidt/Four Winds
15120 54th Pl. W. Edmonds, WA 98026
Or e-mail - fourwindsrider@frontier.com**

For Office Use Only: