



**CITY OF CHASKA
MESSAGE THERAPY
REGISTRATION APPLICATION 2011**

Name _____

Home Address _____

City/State/Zip _____

Phone _____

Business Name _____

Business Address _____

City/State/Zip _____

Business Phone _____

REQUIRED DOCUMENTS (TO BE SUBMITTED WITH APPLICATION):

- Certificate of Completion of at least 400 Training Hours.**
- Medical Certificate – Stating that you are free of communicable disease.**
- Proof of Membership in a bodyworks association.**
- Proof of Insurance Coverage (minimum \$1,000,000.00)**

APPLICANT SIGNATURE

DATE OF APPLICATION

Please return the completed application, along with applicable documents and the annual registration fee of \$112.00 to:

**City of Chaska
Attn: Margo Steffel
One City Hall Plaza
Chaska MN 55318**

Clerk's Notes:

