

***APPLICATION FOR VISITING STUDENT***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Dates you wish to visit the Training Program : \_\_\_\_\_

Please note: All Visiting Students must join ACAT as an Associate Member (\$40/year)

Fees for visiting students are as follows:

\$65/day (M,W, F, 8:00 – 10:30; M – F 10:30 – 1:30) \$95.00 (T 8:00 – 11:45) \$325/week

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*Please provide us with the following information to assist our Faculty in making your visit a satisfying experience.*

***ALEXANDER EXPERIENCE:*** List all teachers, dates during which you studied, the number of lessons or classes and specify whether it was group or private work.

**BACKGROUND:** Tell us about your background. Please include what initially brought you to study the Alexander Technique, any injuries or physical conditions that will assist the Faculty in working with you, your profession, and anything that is relevant to how you use the Alexander Technique in your life and work.

**STATEMENT:** What interests you about joining the Teacher Training classes as a visiting student?

How did you hear about the Teacher Training Program at ACAT?