



**Team Taught ATC Application Form**  
**Course Dates: January 16-20, 2019**

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_

Cell/Mobile Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

Date of Birth (optional): \_\_\_\_\_

How long have you been a Watsu® Practitioner? \_\_\_\_\_

How many paid \_\_\_\_ unpaid \_\_\_\_ sessions have you given?

Have you taught or assisted any classes/courses of any kind? YES/NO

If YES, please list the classes/courses you have assisted and ones you have taught. \_\_\_\_\_

Have you ever been sanctioned, suspended or in any way limited by your professional governing body? YES/NO If YES, please describe \_\_\_\_\_

Describe any current health conditions or special needs that may keep you from fully participating in the 4 1/2-day intensive ATC \_\_\_\_\_

**Please send:**

- your completed application form
- your resume
- your WABA transcript with all courses successfully completed
- a copy of your criminal background check obtained from your local police department or other source within the last 5 years
- two letters of recommendation from WABA Instructors with whom you have studied (1 letter of recommendation if your country of residence has 2 or less WABA instructors)
- a letter stating why you wish to attend ATC and what you hope to learn in this class

**Please email your completed application and all requested information & documents to Mary Seamster at [maryseamster@earthlink.net](mailto:maryseamster@earthlink.net).**

You will receive email notification. Upon acceptance into this class, you will then be directed to send your deposit to Mary Seamster, 14000 NE 371st, La Center, WA 98629 or [maryseamster@earthlink.net](mailto:maryseamster@earthlink.net).

***Thank you for your application.***  
***We look forward to seeing you in class!***  
***Mary, Cameron and Peggy***