

EquiTouch[®] Systems
Equine Massage Therapy Program Application

Name:

_____ Last _____ First _____ Middle _____

Address:

_____ Street _____ City _____ State _____ Zip _____ Phone _____

Sex: M F Age _____ Occupation: _____

Person to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____

_____ Street _____ City _____ State _____ Zip _____ Phone _____

List previous experience with horses (please be specific):

List two personal or professional references (non-relatives):

Name	Address	Phone #	Relationship & Yrs. known
_____	_____	_____	_____
_____	_____	_____	_____

Briefly explain your interest in this therapy and interest in certification:

List courses completed related to horses and name/location of program/school:

Where did you learn about EquiTouch[®]?

Magazine: _____ Friend _____ Other _____
Name Name please list

Please note your first and second choices of training dates below. A listing of class dates has been included in the information packet for your convenience.

First choice class date: _____

Second choice class date: _____

Applications must be accompanied by a \$300.00 registration/processing fee for Eq. 101/102. All registration/processing fees are deducted from the total cost of the course and are nonrefundable. Applications received without registration fees cannot be processed. Please be sure to include applicable registration/processing fee to guarantee your space for the desired dates.

Credit card

Money order

Personal Check

Mastercard

Visa

American Express

Name on card _____ Expiry _____

Card number _____ Security code _____

I acknowledge that this program requires experience working with and around horses. I understand that this program is physically strenuous, requiring standing for long periods, handling of 'show' and 'working' horses of various temperaments and maintaining control of same, lifting of horses' feet and stretching of limbs. I certify that I have adequate horse experience, that I am in generally good health, and that I am both physically and mentally capable of participating in this equine massage program. In addition, I acknowledge that the materials and instruction provided for this course are copyrighted and protected under a trade secret and confidentiality agreement which I will sign on the first day of class.

Signature

Date

Please Print Name

Date

If under 18, Signature of parent or guardian

Date

Do Not Write Below This Line

Application Reviewed by: _____

Course Date Available? Y N Confirmed? Y N Dates: _____

Alternate Date: _____ Confirmed? Y N Dates: _____

Comments: