



Application Form

Date _____

Name: _____, _____, _____
First Last MI

Address (1) _____, _____, _____, _____
Street City State ZIP

Phone # _____, Cell # _____, E-mail _____

How or where did you hear about EQUISSAGE-NE-NY? _____

Are you 18 years of age or older? _____ Yes _____ No

Education	Number of years Completed/Attended	Did you graduate Yes No	Course/Degree
Grammar	_____	_____ Yes _____ No	_____
High School	_____	_____ Yes _____ No	_____
College	_____	_____ Yes _____ No	_____
Trade, Business or Correspondence School	_____	_____ Yes _____ No	_____

General Information

Subjects of special interest or study _____

Horse related activities _____

In case of an emergency: Who do we contact? _____

Relationship _____

Payment Information

Please accept my enrollment in the Equissage-NE-NY, Certification Program in Equine Sports Massage Therapy.

Enclosed is my Check or Money Order in the non-refundable amount of \$300.00 to cover the deposit for the class starting the week of:

_____ / _____ / _____
Month Day Year

* Make checks payable to: Equissage-NE/NY

OR

I would prefer to charge the non-refundable amount of \$300.00 to my Master Card or Visa Card account, to cover the deposit for the class starting the week of:

_____ / _____ / _____
Month Day Year

Card Type: _____ Visa _____ Master Card

Card Number: _____ - _____ - _____ - _____ Expiration Date: _____ / _____
Month/Year

Balance of payment is due on or by the beginning of your scheduled class start day.

Print name on card: _____

Signature: _____

Mail Application with method of Payment to:

Equissage-NE-NY

PO Box 247

Sterling, CT 06377

-or-

Fax to: 860-564-7531

Please allow 14 days to process your application, and to enable us to mail your pre-course information and study material back to you in a timely manner.