

## **Application Form**

Date					
Name:	,			,	
First		Last			MI
Address (1)				,,	
	Street		City	State	ZIP
Phone #	, Cell #		, E-mai	1	
How or where did yo	ou hear about EQUISSA	AGE-NE-NY?			
you from performing being around and ha us before mailing the		Equine Massag	ge, or pre No. l	vent you froi	m safely
Are you 18 years of	age or older?	Yes	No		
Education	Number of years Completed/Attended	Did you graduate Course/Degree			ree
Grammar		Yes	No		
High School		Yes	No		
College		Yes	No		
Trade, Business or Correspondence		Yes	No		
General Informatio	n  nterest or study				
Horse related activiti	es				
				Over P	lease)

In case of an emergency: Who do we contact?			
Relationship			
Payment Information			
Please accept my enrollment in the Equissage-NE-Sports Massage Therapy.	NY, Certif	cation Program	n in Equine
Enclosed is my Check or Money Order in the non-the deposit for the class starting the week of:	refundable	amount of \$30	0.00 to cover
* Make checks payable to: Equissage NE/NY	Month	Day	Year
OR I would prefer to charge the non-refundable amount Visa Card account, to cover the deposit for the cla		•	r Card or
	Month	Day	Year
Card Type:VisaMas	ster Card	3 Digit Secur	ity #
Card Number:	Expiration Date: / Month/Year		
Print your name as it appears on the card:			
Balance of payment is due on or before the beg	inning of y	our scheduled	l class start.
Signature Required:			
Mail Application with method of Payment to:	232 Tow	e-NE-NY n Street m, CT 06423	

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.

NOTE: Due to the high cost of mailing Study Materials overseas, a surcharge for postage of \$45.00 will be added to the cost of tuition.