

## **Application Form**

Date					
Name: First	,	Last		,	MI
Address (1)		_,		;,	
	Street		City	State	ZIP
Phone #	, Cell #	, E-mail			
How or where did yo	ou hear about EQUISSA	AGE-NE-NY?			
you from performing	pairment / injury, either g the moves required in ndling horses ? nis form.	Equine Massa	ige, or pr	event you fr	om safely
Are you 18 years of	age or older?	Yes	No		
Education	Number of years Completed/Attended	Did you graduate Course/De		gree	
Grammar		Yes	No		
High School		Yes	No		
College		Yes	No		
Trade, Business or Correspondence		Yes	No		
General Informatio	n				
Subjects of special in	nterest or study				
Horse related activit	ies				
				Over	Please)

In case of an emergency: Who do we contact?			
Relationship			
Payment Information			
Please accept my enrollment in the Equissage-NE Sports Massage Therapy.	-NY, Certifie	cation Prog	ram in Equine
Enclosed is my Check or Money Order in the non- the deposit for the class starting the week of:	-refundable a	amount of \$	6300.00 to cover
<ul> <li>* Make checks payable to: Equissage NE/NY</li> </ul>	Month	Day	Year
<b>OR</b> I would prefer to charge the non-refundable amou Visa Card account, to cover the deposit for the cla		•	ster Card or
	Month	Day	Year
Card Type:VisaMas	ster Card	3 Digit Sec	urity #
Card Number:	Expiration Date: / Month/Year		
Print your name as it appears on the card:			
Balance of payment is due on or before the be	ginning of y	our schedu	lled class start.
Signature Required:			
Mail Application with method of Payment to:	Equissage PO Box 2 Sterling, (	47	

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.