



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? \_\_\_\_\_

Do you have any impairment / injury, either temporary or permanent, that will prevent you from performing the moves required in Equine Massage, or prevent you from safely being around and handling horses ? \_\_\_\_\_ Yes \_\_\_\_\_ No. **If YES, please call us before mailing this form.**

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

<b>Education</b>	Number of years Completed/Attended	Did you graduate	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

*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.**