

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 3 Digit Security # _____

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

Print your name as it appears on the card: _____

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

Signature Required: _____

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.