



Print this form and send the completed application to the address below.

Application

NAME OF
WORKSHOP: _____

How did you hear about this workshop?

Flyer (where seen): _____ Website: _____

Friend: _____

Other (please specify): _____

Applicant

Name: _____

Address: _____

City, _____ State _____ Zip _____

Phone: _____ Fax: _____ email: _____

Date of Birth: _____ Height: _____ Weight: _____ Health
status _____

Special dietary
needs: _____

Arriving (day and
time): _____

I require help with airport
transportation: _____

Current life situation (life changes, marriage, pregnancy, empty nest, career re-frames, health challenges, grief or loss) include any special needs: _____

I am pregnant, or possibly pregnant: _____ Due: _____

While experience with horses is not essential, briefly describe your horse background:

I identify as: horse professional, animal handler, health professional, program director, educator, student, interested in personal growth, stress relief, other, please specify:

I am aware that this is an experiential workshop learning through doing. I know I will be discovering more about myself as I learn to work with horses as colleagues in equine experiential learning. I am aware that this equine facilitated experiential learning process evokes feelings and emotions.

When I return home, my support system is:

Feeling support group _____, 12 step program _____, church group _____, spiritual practice _____, other _____

Signature: _____ Date: _____

NAHRA #: _____

Please send Non-refundable deposit (applicable to other workshops) of 1/2 workshop fee to EquuSatori Center P.O. Box 989 Sebastopol, CA. 95473. Make checks payable to "AIA".