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EQUINE WELLNESS EDUCATION

*Contact: Desiree (306-520-2789 / equinewellnesseducation@hotmail.com)*

***Registration Form*** Participants not considered registered without deposit received

**Name: Phone:** Click here to enter text.

**Address:** Click here to enter text. **City, Province:** Click here to enter text.

**Postal Code:** Click here to enter text.

**Email:** Click here to enter text.

**Preferred Name on Certificate:** Click here to enter text.

**Date of Course:** Click here to enter a date. **Location of Course:** Click here to enter text.

**Registering for the following course(s):** Click here to choose a course.

**Menu Option:** Choose an item.

**Allergies/Medical Concerns:** Click here to enter text.

**Emergency Contact Info (Name, Ph. #, Relationship):** Click here to enter text.

**Have you ever taken any equine first aid courses (or similar)? If yes, please describe:** Click here to enter text.

**Have you taken any equine massage or chiropractic courses (or similar)? If yes, please describe:** Click here to enter text.

**What do you hope to learn in this course?** Click here to enter text.

**Check all that apply to you:**  Horse Owner Rider Trainer Competitor Breeder EC Coach

**How did you hear about this course?** Click here to enter text.

**Preferred method of payment:** Choose an item.

**OFFICE USE:**

\_\_\_\_ **Deposit**  
  Cash Chq#\_\_\_\_ E-TRF

\_\_\_\_ **Balance**  
  Cash Chq#\_\_\_\_ E-TRF

\_\_\_\_ **Waiver**

**To Bring:**

* Layered clothing (Dress for the weather)
* Water Bottle
* Pen, Paper/Notepad
* Lunch (if not purchasing)   
  **Note:** You will receive further information the week of the course. Thank you!