

Name: _____ Date: _____

Registration for *The Equine Encounter*

1. *The Equine Encounter* that I am registering for is on the following date: _____.

2. Please circle the length of *The Encounter* that you are registering for:

Individual/Couple/Family : 1 Hr. @ \$65

1 ½ Hr. @ \$100.00

2 Hr. @ \$150.00

Group: 3 Hr. @ \$95

6 Hr. @ \$185

3. What interests you most about *The Equine Encounter*? _____

4. Please list what you would like to learn about horses, the world of the horse, horse care/handling, horseback riding or your interaction with horses _____

5. Are there any physical limitations and/or medications you take that may affect your ability to concentrate or move about freely? _____

6. Please list any prior horse experience: _____

7. Is there any other information you would like us to know about you and your interests for *The Equine Encounter*?
