

Equissage, Inc.

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Equine Massage Therapy Certification Home Study Application

Applicant Information

Full Name:	_____	Date:	_____
	<i>Last</i>	<i>First</i>	<i>MI.</i>
Address:	_____		_____
	<i>Street Address</i>	<i>Apartment/Unit #</i>	
	_____		_____
	<i>City</i>	<i>State and ZIP Code</i>	
Phone:	_____	Email:	_____
Referred By:	_____	Are you 18 years of age or older:	<u>Yes</u> or No (Please circle one)

Subjects of special study or interest

Horse related activities:

Why is a career of an ESMT of interest to you?

References

Please list three references of people not related to you.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Payment Information

Enclosed is my payment of \$895, which is my tuition – paid in full. I understand this includes all materials and testing.

I understand that the tuition is Non-Refundable.

Please sign below to acknowledge agreement:

I have enclosed a check or money order: _____

Or

I prefer to have my tuition paid via my _____ credit card
(Please specify Visa, Mastercard, American Express, or Discover)

Card Number _____

Expiration Date _____

Name on Card
please print _____

Signature _____

Thank you for your application for our Equine Massage Therapy
Home Study Certification Course.