

# Equissage, Inc.

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## One on One Certification 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>  </u> Yes <u>  </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 \$500, which is my deposit to reserve my class. I understand tuition is due in full (minus the deposit) on my first day of class.

I understand that the deposit is Non-Refundable.

Please sign below to acknowledge agreement:

\_\_\_\_\_

I have enclosed a check or money order: \_\_\_\_\_

Or

I prefer to have my deposit 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! We look forward to having you join us.