

— *WisdomRider* —



Equine Assisted Coaching / Coactive LifeCoaching

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SEMINAR APPLICATION

Name: _____

Address: _____

City: _____

State: _____ Country: _____ Zipcode: _____

Phone: (Day) _____ (Evening) _____

Email: _____

Male Date of Birth: _____

Female

Please Select the Seminar You Wish To Attend:

	Start Date	Fee
Seminar 1:	_____	_____
Seminar 2:	_____	_____
Seminar 3:	_____	_____
Seminar 4:	_____	_____
Seminar 5:	_____	_____
Seminar 6:	_____	_____

Payment Method: _____ Check _____ Money Order

In case of emergency, contact:

Name: _____ / Relationship: _____ Phone: _____

Please note:

- At this time our facilities are unable to accommodate wheelchairs, etc. The ground is extremely rocky and uneven.
- Photos are meant to be for your personal use only, not for commercial purposes or public viewing. You are not authorized to publish or display any photos taken at WisdomRider.

Your Signature Here: _____ Date: _____