



Animal Dynamics Equine Sports Therapy Programs Application



If you are enrolling by mail, please print out this application, complete it in detail and mail it to the address listed below.

Each application must be accompanied by a minimum \$300 tuition deposit. We accept personal checks and all major credit cards. Personal checks should be made payable to Animal Dynamics. Full payment of tuition is due the first day of class.

Upon receipt of your application, a detailed confirmation package will be mailed to you. The package will include recommended travel arrangements, recommended places to stay and directions to our farm.

If you prefer to enroll over the telephone, give us a call and we will take your application information and bill your tuition deposit to a credit card.

Discounts, Cancellation, and Refund Policy:

If you pay your tuition in full 45 or 30 days in advance of your class start date, you may be eligible for a tuition discount. Please call for details.

In the event that you cancel your enrollment, the \$300 tuition deposit is non-refundable. However, the deposit may be applied to a future class.

Name: _____ Occupation: _____

Address: _____

Home Phone: () _____ Work Phone: () _____

Date of Birth: _____ Gender: _____

EMAIL: _____

In case of emergency, contact:

Name: _____ Relationship to Applicant _____

Address: _____

Home Phone: () _____ Work Phone: () _____

References: Please list the names of two equine references, other than family:

	First Reference	Second Reference
Name:		
Address:		
City, State, Zip:		
Phone:	() _____	() _____

9791 NW 160th Street ♦ Reddick, FL 32686
 Toll Free-Phone 866-845-3387 / Local Phone (352) 591-6025
 Email Admin@AnimalDynamics.com



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Please indicate the classes you wish to attend:

Class	Dates

Please attach a brief biographical sketch explaining your experience with horses and your motivation for attending our program. Please also send a recent photograph of yourself.

How did you hear about our programs? _____

I have read and understand the discount, cancellation and refund policy.

Applicant Signature: _____ Date: _____

If you are paying via credit card, please supply the following information:

Type of Credit Card _____

Credit Card Number: _____

CVC Code (for MasterCard & Visa) _____

Name on the Card: _____

Billing Address for the Card.

Address: _____

City, State & Zip code _____