



# EAL Course Application Form

Course Title: Foundations of Equine Assisted Learning

Duration: 5 Days

Location: Lashmar Ranch

Course Date:

## Applicant Information

Full Name:

Preferred Name:

Email Address:

Phone Number:

Mailing Address:

What interests you in attending this EAL course?

What is your background in working with horses (if any)?

What is your current professional role (coach, therapist, etc.)?

How do you hope to use Equine Assisted Learning in your work?

Do you have any accessibility or learning needs we should know about?

## Emergency Contact

Name:

Phone Number:

Date:

Signature: