



Steve Werklund, Certified John Lyons Trainer
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HORSETRAINING PROGRAM APPLICATION

Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____

Province/State: _____ Country: _____ Postal Code/Zip: _____

Home Phone: () _____ Cell: () _____ Email: _____

Emergency Name & Contact Number (in case of emergency while you are here):

Name: _____ Emergency Number(s): _____

Medical Information

Explain any physical problems we should be aware of: _____

List any know reactions to medical drugs (e.g. penicillin, sulpha drugs, etc.) _____

Past physical record: ___Epilepsy ___Diabetes ___Heart Trouble ___Asthma/Respiratory Problems

List any allergies (bee stings, foods, etc.): _____ Prescribed Medications: _____

General Information

What session are you interested in attending? (give dates): _____

How many horses will you be bringing with you? _____ What sex/breed are they? _____

Describe in detail you past experience with horses: _____

Enclosed is my \$ _____ desposit to secure my registration. Please make checks payable to "Steve Werklund".
(NOTE: your deposit will be refunded in the event that your application is not accepted or if the course is cancelled.
Otherwise, the deposit is non-refundable, but may be applied to another year's apprenticeship program.)

Signature: _____ Date of Application: _____

(All applicants must be at least 18 years of age by the start of the apprenticeship program, unless accompanied by a parent or guardian.)