



Kim Allaby
 Soothing Hands Equine Massage School
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REGISTRATION FORM

Name: _____

Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

E-Mail Address: _____

COURSE

Non- Certificate Course- Date: _____

Certificate Course – Date: _____

PAYMENT

Full Payment Enclosed

Non-Refundable Deposit Enclosed

Amount: _____

Amount: _____

Cash

Cash

Cheque

Cheque

Money Order

Money Order

*Full payment required at start of course

HORSE EXPERIENCE:

NOTE: 1) We reserve the right to cancel a course if it fails to fill satisfactorily. In such a case deposits will be refunded.

2) Directions to the farm will be sent on receipt of either deposit or full payment

3) Text Books for the Certificate course must be obtained by students (they are available at amazon.com)