

**Lesson Application**

Name:

Age:

Horse experience:

Discipline: Western / Dressage

Equine assisted Learning: Yes / No

Lessons only: Yes / No

Preferred day:

Preferred Time:

Interest in Showing:

Lesson Subsidy: Yes / No

**Contact info**

Cell phone:

Email:

Please email completed application to : [borrowedtimeeap@gmail.com](mailto:borrowedtimeeap@gmail.com) or mail it to :

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