

LFEQUESTRIAN VIP APPLICATION FORM



Name: _____

Address: _____

Phone: _____ Email: _____

Date: _____

Completed Hours: _____

When did you start participating in services with LFEquestrian? (month/year) _____

Signature _____

By signing this application you acknowledge the stated information is true to the best of your knowledge, and the associated log sheets are true and accurate.

Please submit this signed application to:

LFEquestrian
531 Hwy 35
Pontypool, ON
LOA 1K0

Please include your completed log sheets with this application form.