

Cowtown Horseshoeing School

Enrollment Application

APPLICATION IS HEREBY MADE FOR THE UNDERSIGNED ON TERMS DESCRIBED BELOW. I UNDERSTAND THAT THE SCHOOL MAY ACCEPT OR REJECT THE APPLICATION WITHOUT NOTICE OR EXPLANATION.

NAME: (Please Print) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ SOCIAL SECURITY NO.: _____ - _____ - _____

AGE: (Optional) _____ SEX: (Optional) _____

REQUEST ADMISSION FOR CLASS BEGINNING: _____

WHO REFERRED YOU TO THE SCHOOL: (Magazine, etc.) _____

EDUCATION: (YEARS - NAME & ADDRESS OF SCHOOL - FIELD OF STUDY)

HIGH SCHOOL: _____

TRADE SCHOOL: _____

COLLEGE: _____

PLEASE LIST EXPERIENCE WITH HORSES: (None Required) _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

YOUR DUTIES: _____

BY SIGNING HERE I AFFIRM THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I ASSUME AND ACCEPT ALL RESPONSIBILITY FOR ANY ACCIDENT OR INJURY WHICH I MAY BE INVOLVED IN WHILE ATTENDING SCHOOL, ON OR OFF THE PREMISES, OR FOR ANY FINANCIAL OBLIGATIONS ENTERED IN TO BY ME WHILE ATTENDING THE SCHOOL. I FURTHER RELEASE AND DISCHARGE COWTOWN HORSESHOEING SCHOOL, ITS OWNERS, INSTRUCTORS, HORSE OWNERS, AND LAND OWNERS IN WHICH ANY CLASS OR TRAINING IS TAKING PLACE.

SIGNATURE OF APPLICANT: _____ DATE: _____

IF UNDER 18 BOTH PARENTS OR GUARDIANS MUST SIGN HERE: _____

_____ DATE: _____

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS: _____ PHONE: _____

CURRENT TETANUS SHOT IS REQUIRED. PLEASE LIST DATE OF LAST IMMUNIZATION: _____

RETURN THE COMPLETED APPLICATION FORM ALONG WITH THE \$1,000 DEPOSIT TO:

**COWTOWN HORSESHOEING SCHOOL
MERLIN ANDERSON, DIRECTOR
P.O. BOX 841
MILES CITY, MT 59301**