

Print out the application and mail it with payment by personal check or money order to:

Leda Mox

Armstrong Equine Massage Therapy, LLC  
10221- 125<sup>th</sup> Ave SE  
Becker, MN 55308



## Armstrong Equine Massage Therapy Certification Program

### ENROLLMENT APPLICATION

#### PERSONAL INFORMATION

Name as you want it to appear  
on Certificate

Date:

#### Present Address

Permanent Address  
(if different)

Street City State Zip Code

#### Phone

Street City State Zip Code

#### Referred By

Are you 18 years of age or  
older? Yes No

GENERAL Please limit responses to two lines. If you would like to provide more information, please do so on a separate document.

#### Subjects of special study or interest

#### Horse-related activities

#### Why is a career as a Certified ESMT of interest to you?

#### PAYMENT INFORMATION

Please accept my enrollment in the Armstrong Equine Massage Therapy Certification Program.

Enclosed is my check or money order in the non-refundable amount of \$400.00 to cover the deposit for the class, starting \_\_\_\_\_. 2nd Choice for Class incase 1st class is full: \_\_\_\_\_

Signature