

**Maplewood**  
**Horse Industry Training**  
**Program**  
**(775) 849-1849**  
**Email: [mwstables@aol.com](mailto:mwstables@aol.com)**

**Enrollment**  
**Cancellation Form**

FIRST NAME	LAST NAME	ADDRESS	CITY/STATE/ZIP
PRIMARY PHONE NUMBER		EMAIL ADDRESS	

Student Initials	Program Name	Length	Planned Start Date	Planned End Date
	Horse Industry Training Program	40 Hours		

Program Tuition Amount Paid	\$
Tuition Reimbursement Amount	\$
Date Enrollment Agreement Signed	

I \_\_\_\_\_ on this date \_\_\_\_\_ request  
to cancel my enrollment in the Maplewood Stables Horse Industry Training Program. I am  
requesting to cancel within the three-day cancellation period and will receive a full refund of any  
monies paid with 15 days.

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Signature of Student/Date Signed

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Signature of School Representative/ Date Signed