

MAPLEWOOD STABLES
APPLICATION FOR HORSE INDUSTRY TRAINING PROGRAM

NAME _____ DATE OF BIRTH _____

ADDRESS _____

EMAIL _____

HOME PHONE _____ CELL PHONE _____

SOCIAL SECURITY# _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

DRIVER'S LICENSE # AND STATE ISSUED _____

IS YOUR DRIVING RECORD CLEAN? YES NO

IF NOT, EXPLAIN _____

HEALTH INSURANCE INFORMATION

Insurance Carrier _____ Policy # _____

Main Name and SS on Policy _____

Dental Insurance _____ Policy# _____

MEDICATIONS _____

ALLERGIES _____ HEALTH ISSUES _____

DO YOU SMOKE? YES NO

PARENT or LEGAL GUARDIAN _____

ADDRESS _____

PHONE _____ EMERGENCY CONTACT _____

EMAIL _____

WILL YOU REQUIRE HOUSING? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY? YES NO IF YES,

EXPLAIN _____

RIDING EXPERIENCE

PAYMENT _____ DATE _____

I, _____ acknowledge that all the above statements are true to the best of my knowledge. I also acknowledge that if accepted into this program, I will represent Maplewood Stables, Inc., with the utmost respect, professionalism and enthusiasm during my tenure as a student.

SIGNATURE _____ DATE _____

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