



WORKSHOP REGISTRATION FORM

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Occupation: _____

ATTENDEE INFORMATION

Emergency Contact: _____ Phone: _____

Second Emergency Contact: _____ Phone: _____

Medications: _____ Allergies: _____

Health Conditions: _____ How old are you? _____

Notes: _____

DEPOSIT INFORMATION

A non-refundable deposit of \$100 is due at the time of registration. The balance of the workshop fee is due two weeks prior to the start of the workshop.

To complete your registration, enclose a check/money order payable to **Sarah Janosik** along with a copy of your registration and mail to:

Sarah Janosik
Equus for Venus
1101 S Capital of Texas Highway, A-200
Austin TX 78746

CLIENT PROFILE

Are you currently working with a counselor or spiritual advisor? Yes No

What are you hoping to gain from this workshop?

Briefly describe your horse experience (Equine experience not required)

Have you ever attended an EEL (Equine Emotional Learning) experience before? What was your experience like?

Are you currently going through any challenges or stress? Is there anything that you are concerned may come up in workshop?

Do you have a network of support at home?

Have you ever been in a group before?

Are you able to display your emotions in a group setting?
