



ADVENTURES IN AWARENESS

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AIA WORKSHOP APPLICATION & REGISTRATION

Today's Date:

Name:

Address:

City:

State:

Zip:

Country:

Phone:

Cell:

E-Mail:

Website:

Date of Birth:

Age:

Date of last tetanus shot:

AIA Intensive:

Date & Place:

Personal Purpose for engaging with the AIA horses & staff in this equine facilitated experiential learning process?

While horse experience is not essential, briefly describe your horse background.

I identify as: horse professional.....animal handler.....health professional.....program administrator.....educator.....student.....management training.... interested in stress skills.....other: specify.....Any Special Needs and/or Mobility Issues:

I am aware that this is an "experiential workshop" – learning through doing. I know I will be discovering more about myself as I learn to work with horses as colleagues in equine guided education. I am aware that equine facilitated experiential learning process work evokes feelings and emotions and is a personal growth experience. When I return home, my support system is: 12 Step Program.....Feelings Support Group.....Individual/group therapy.....Church group.....Spiritual practices group..... Family/Friend.....Coaching.....Other.....

I am willing to make the AIA Safety/Responsibility Agreement. My name is.....and I agree to be responsible for myself today; my perceptions, my thoughts, my feelings and my behaviors, thus contributing to the safety of the group.

Signature:

Date:

Check made out to 'AIA' Send participant fee to Adventures In Awareness, 9852 E. Skyview Dr., Tucson, AZ 85748 USA Payments by credit card at www.paypal.com Send to email: bkrector1@earthlink.net