

ADVENTURES IN AWARENESS™
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www.adventuresinawareness.net

AIA WORKSHOP APPLICATION & REGISTRATION

Today's Date:

Agreed Date for Session:

Name:

Address:

City: State: Zip: Country:

Phone: Cell:

E-Mail:

Website:

Date of Birth: Age:

Date of last tetanus shot:

AIA Half Day 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.....

Signature:

Date:

Check made out to 'AIA' Send Adventures In Awareness, 9852 E. Skyview Dr., Tucson, AZ 85748 USA
Workshop fees are non refundable and do apply to another AIA workshop. Payments by credit card at
www.paypal.com Send to email: paypal@adventuresinawareness.net

