



**Monty Roberts Introductory Course  
Application Form**

**Saturday 6<sup>th</sup> October – Sunday 14<sup>th</sup>  
October 2012**

**Antrim Stud  
17341 New England Highway, Allora,  
Qld**

**Name.....**

**Address.....**

.....

**Telephone.....(Daytime)**

.....(Evening)

**Email.....**

On an additional piece of paper, please write a brief history of your involvement with horses to date and what you hope to achieve from this course.

Do you have any medical problems that we should be aware of? (Please be sure to include asthma, epilepsy or diabetes if applicable).

I am 18 years of age or over (please give age if under 18 years old) **YES / NO**

I WISH TO ATTEND:

**Introductory Course                    \$2050.00**

I wish to bring a horse **YES / NO**  
to the course

I will use a horse provided at **YES / NO**  
the course

If you are attending a course with your horse, please briefly describe the name, age, sex, breed

and the amount of handling and/or training your horse has had.

**Declaration:**

I am aware that I am responsible for my own insurance during the course and I undertake and agree that neither my personal representatives nor I will make any claims against School of Equus, Lynn Mitchell, Antrim Stud, Bill and Susan Tynan or anyone else connected with this course in respect of any loss or injury to property or person which may be sustained. I am also aware that any information or knowledge acquired or learnt on the course is strictly for personal use.

**I enclose a cheque made payable to/direct credit Lynn Mitchell for \$500 deposit to secure my place on the course with the balance to be paid 14 days prior to the commencement of the course. On receipt of my deposit pre-course information will be sent to me.**

Or

**I enclose a cheque made payable to/direct credit Lynn Mitchell for full payment to secure my place on the course. On receipt of my payment pre-course information will be sent to me.**

**Signed .....**

**Date .....**

Payment made via:

- Direct credit** (please email confirmation)
- Cheque or bank draft** (enclosed)

**Account details:**

Bank Name: Westpac Banking Corporation  
Account Name: Lynn Marie Mitchell  
BSB Number: 733-349  
Account Number: 65-8356

All payments are non-refundable in the event of student cancellation, but will be held for twelve months as credit to use for future courses

Please return this completed form to:

Lynn Mitchell  
School of Equus  
PO Box 191  
Yarra Glen Vic 3775  
Email: lynn@schoolofequus.com.au  
Fax: 03 5797 8298  
Mobile: 0433 239 617