



Where the horses do the teaching.

www.littleoasisequine.com

REFERRAL FORM

PARTICIPANTS NAME: _____

PARENT(S) NAMES: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TELEPHONE: _____ EMAIL: _____

ALLERGIES/HEALTH CONCERNS: _____

Funding is required (group only)

FUNDER/SPONSOR NAME: _____

MAILING ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

PROGRAMS AVAILABLE:

- Private Equine-Assisted Learning Program
- Group Equine-Assisted Learning Program
- Private Equine-Assisted Psychotherapy
- Group Equine-Assisted Psychotherapy

Programs provided by:



205 Hillcrest Drive
Trail, BC V1R 4V6

p. 250-368-2002
f. 250-364-3079

e. littleoasis@shaw.ca

REGISTRATION INFORMATION:

Please forward registration application to:

littleoasis@shaw.ca

Absences are not reimbursed.

Authorized signature / Position:
