

HEARTLAND HORSESHOEING SCHOOL

327 SW 1st Lane, Lamar, Missouri. 64759

Enrollment Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____

Date of Birth: (mm/dd/yyyy/) _____ Sex: _____

Email: _____ SS#: _____ - _____ - _____

Thank you for your interest in Heartland Horseshoeing School. As you are aware, there are several courses available. Please check the line next to the course that you are attending, as well as indicate the start date for that course as well.

Practical Farrier Course: _____ Start Date: _____

Advanced Farrier Course: _____ Start Date: _____

Journeyman Farrier Course: _____ Start Date: _____

Farrier Blacksmith Course: _____ Start Date: _____

National Certification Course: _____ Start Date: _____

Tuition Rate:

| | | | |
|-------------------------------|-------------|----------|------------|
| Practical Farrier Course | \$6,900.00 | 8 weeks | 340 hours |
| Advanced Farrier Course | \$13,200.00 | 16 weeks | 680 hours |
| Journeyman Farrier Course | \$18,600.00 | 24 weeks | 1020 hours |
| Farrier Blacksmith Course | \$1,800.00 | 2 weeks | 85 hours |
| National Certification Course | \$900.00 | 1 week | 42.5 hours |

The tuition is due and payable, in full, on the first day of class. Tuition fee and schedule subject to change without notice. Please check with us.

PLEASE ENCLSE A \$500 PRE-ENROLLMENT DEPOSIT WITH THIS APPLICATION

This deposit will be applied in full towards you tuition.

Applicants signature: _____ Date: _____

Guardian signature for minor applicants: _____

Date: _____

Side 2 of Enrollment Application

Current Occupation? _____

Have you ever done farrier work before? _____

Why do you wish to be a farrier? _____

How did you hear about Heartland Horseshoeing School? _____

I understand that horseshoeing is a dangerous occupation. I fully assume and accept all responsibility for any accident or injury which I may suffer during the period of enrollment. I will pay any and all medical expenses incurred, or carry my own personal insurance in the event that medical treatment is necessary. I further release and discharge Heartland Horseshoeing School, its owners and operators, horse owners, and land owners upon which training and classes will take place, in all manners from suits, actions, and causes of action under the terms as herein described above set forth.

Applicants signature: _____ Date: _____

Guardians signature for minor applicants: _____

Date: _____

Welcome to Heartland Horseshoeing School. We are sure that the experiences you will gain here will be both pleasant and profitable. Thank you once again for your interest. If there are any further questions that we may clear up, please don't hesitate to contact us. We look forward to working with you.