

Information for Equine Magic Workshops & Services

Date: Workshop/Retreat Name:

Name:

Address:

City: State: Zip:

Home Phone: Work or Cell Phone:

Email: Occupation:

Emergency contact name: Phone:

Next of Kin (if different): Phone:

Are you currently working with a counselor or spiritual advisor? Yes No

If not, do you readily have access to a counselor or spiritual advisor? Yes No

Please describe any special needs or issues, such as diet, disabilities, etc. that we should know about to better serve you:

Describe your experience with altered states of consciousness and shamanic journeying and healing, if any:

What is your experience with horses, if any?

Please share what brings you to Equine Magic at Loghaven:

Please describe any life changes, habits or behavior patterns you would like to address during your visit:

What outcome or gift would you like to receive from your time at Loghaven?