



# Guiding Reins

REINING IN LIFE THROUGH THE HEART-MIND CONNECTION

## PARTICIPANT ENROLLMENT FORM

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Are you (please circle): Active Duty Personnel, if so, branch \_\_\_\_\_

Veteran      First Responder      Family Member

What days are you available to participate in our program (please circle)?

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

What times between 9am and 5 pm are you available to participate in our program?

\_\_\_\_\_

Where and when is the best time to contact you?

\_\_\_\_\_

Thank you for your interest in our program, someone will contact you the next business day