

# **Journey Horse 2010**

## **Mythic Adventures in the Way of the Horse**

**SHAMANIC VISION QUEST in Ashland, Oregon**  
**facilitated by Trish Broersma and Norma Nakai Burton**  
**541-482-6210 epohna@aol.com www.trishbroersma.com**

### **REGISTRATION**

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Street \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

E-mail \_\_\_\_\_

**I wish to attend the following events. Please register 30 days prior to each event:**

FiveDay Non-Residential Journey Horse Intensive (\$650, non-residential)

June 2-6, 2010

Nutritious snacks & beverages included,

You are responsible for travel, lodging and meals.

Space available for your own horse, if desired.

Beginning afternoon of June 2 through evening of June 6.

Five-Day Nonresidential Journey Horse Intensive for Professionals (\$750 each)

July 20-24, 2010

Nutritious snacks and beverages and final feast included.

Space available for your own horse, if desired.

Weekly Series of Eight Meetings (\$500)

Starting in April, July and September.

Your own horse may participate, too.

I will be bringing either my own horse or a horse I am acquainted with:     Yes     No

### **EXPERIENCE WITH HORSES**

Please rate your horseback riding experience:

- none
- occasional, beginner
- intermediate
- experienced, advanced

Type of riding experience (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> commercial day rides, single file | <input type="checkbox"/> dressage               |
| <input type="checkbox"/> lessons in arena                  | <input type="checkbox"/> western                |
| <input type="checkbox"/> trail riding                      | <input type="checkbox"/> horse show competition |
| <input type="checkbox"/> huntseat                          | <input type="checkbox"/> other:                 |

Your attitude towards horses: (check all that apply)

- fear
- neutral
- comfortable & confident and
- dominate the horse with one-way communication, or
- lead and enable the horse with 2-way communication
- other:

## MEDICAL INFORMATION

Height \_\_\_\_ Weight \_\_\_\_ Age \_\_\_\_

Physician's name, phone number and address:

Are you under care of a physician at the present time?

Please check if you have had the following (none of the following conditions will disqualify you, but the information will enable us to be helpful to you):

- |   |   |
|---|---|
| <input type="checkbox"/> heart related problems         | <input type="checkbox"/> fatigue syndrome                         |
| <input type="checkbox"/> high or low blood pressure     | <input type="checkbox"/> bee sting sensitivity                    |
| <input type="checkbox"/> diabetes                       | <input type="checkbox"/> migraines and headaches                  |
| <input type="checkbox"/> asthma                         | <input type="checkbox"/> AIDS or other immune deficiencies        |
| <input type="checkbox"/> allergies (if so, which ones?) | <input type="checkbox"/> skin cancer and/or sun stroke            |
| <input type="checkbox"/> altitude sickness              | <input type="checkbox"/> substance abuse (in recovery? how long?) |
| <input type="checkbox"/> back problems                  |   |

Are you on medication? If so, which ones?

Are you aware of your psychological issues and taking active responsibility for them?

Do you have a therapist? His/her name and phone number (not mandatory at this point):

Do you have special dietary needs?

\_\_\_\_\_ signature

Please return this form with your 50 % deposit, check made payable to Green Horse, to:  
Trish Broersma, PO Box 1281. Ashland, OR 97520

Upon receipt of your application and deposit, we will send you more information by email, including what to bring and itinerary details. Your deposit will ensure your reservation.

Please ask about our policy on cancellations and refunds if necessary.