

Application for WIT Program

1. Name _____ Phone (____) _____

Home Address _____

2. Age ____ Entering Grade Level _____ Parent(s) name(s) _____

3. **Phone Interview:** (Indicate times for Riding Director to call)

4. **Horsemanship Ability:** (Since you will be working with horses everyday, you must show an awareness and logic of horses. Please describe your horse experience, level of proficiency (lessons, shows, etc.) or any evidence indicating your readiness for this kind of equestrian experience.)

5. **Unselfish Teamwork:** (Please give the name, position and phone # of a current teacher or recent camp counselor who can vouch for your ability to work well with a group, be respectful of others, follow instructions and contribute effectively.)

Name _____ Phone # _____

Position _____

5. **Christian Science** will be honored, studied and lived while being in the WIT program. Are you ready to contribute effectively to this atmosphere? **If so, how?**

Dates wishing to attend: From _____ To: _____

Signature _____ Date _____

Submit this application to Cedars Office:

October-May: 1314 Parkview Valley Drive, Manchester, MO 63011 (Phone 636-394-6162 Fax: 775-264-6826)

June-September: 19772 Sugar Drive, Lebanon, MO 65536 (Phone:417-532-6699 Fax: 417-532-6683 or 775-264-6826)