



Access, Inc.

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Participant Update [Please Print]

Name: _____ Age: ___ Parent/Guardian: _____

Address: _____
City State Zip

Parent/Legal Guardian Address (if different than above): _____

Phone: (H) _____ (W) _____ (Cell) _____ Email: _____

Employer/School/Group Home: _____ Employer/Teacher's Name: _____

Is there any new information we should be aware of?

GOALS (i.e. What would you like to accomplish this year?)

Dated this _____ day of _____, 20_____.

Signature: _____

Signature: _____

Parent/Legal Guardian if above is under 18 or unable to sign

Partnering humans and horses to improve lives.