



Úrvalshestar ehf.  
Holstmúli I  
851 Hella  
Tel: +354 659 2237 or +354 659 2238  
[urvalshestar@urvalshestar.is](mailto:urvalshestar@urvalshestar.is)  
[www.urvalshestar.is](http://www.urvalshestar.is)

## Application

Full name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/country: \_\_\_\_\_ Zip code: \_\_\_\_\_

Identification number: \_\_\_\_\_ Email: \_\_\_\_\_

Tel. number: \_\_\_\_\_ Mobile: \_\_\_\_\_

When would you like to start the program and Úrvalshestar? \_\_\_\_\_

How long do you wish to stay? 6 months \_\_\_\_\_ Longer \_\_\_\_\_

What are your family circumstances?

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In case of emergency, please contact (2 individuals):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Education:

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Experience: \_\_\_\_\_



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Horse experience (if you've worked with horses then please state where and with whom):

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What are your expectations in regard to your stay at Holtsmúli?

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Are there any health issues that we should be aware of such as allergies or conditions?

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Other information:

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**\*Applicants who sign a contract must have valid health and accident insurance.**

**\*Minors (under the age of 18) must have application signed by legal guardian**

**\*Attach photo**

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Place and date

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Signature

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Signature of legal guardian (where applicable)