



Úrvalshestar ehf.
Holtsmúli I
851 Hella
Tel: +354 659 2237 or +354 659 2238
urvalshestar@urvalshestar.is
www.urvalshestar.is

Application

Full name: _____

Address: _____

Identification number: _____ Date of birth: _____

Tel. number: _____ E-mail: _____

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?

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

Name: _____ Address: _____ Tel: _____

Name: _____ Address: _____ Tel: _____

Education:

Experience: _____



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

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

State any health conditions and / or allergies that you have. Also list medication that you use.

Other information:

***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**

Place and date

Signature

Signature of legal guardian (where applicable)