



Apollo Farms Ltd., 3070 Summer Mountain Rd, Palmerton PA 18071

Enrollment Application

Please note that all applications will be reviewed. If we have additional questions we will call you. Thank you.

Applicant Name : _____

DOB _____

Guardians Name: (if minor) _____

Address: _____

Telephone: _____

Email: _____

Est. Annual Income: _____

Situation: _____

Medical/Special Need: _____

Transportation available to and from the facility?

YES NO

Allergies to animals: _____

Has participant ever been exposed to a horse? _____

Does participant have any behavioral problem? _____

Any other information that would help us determine if participant is eligible for our program? _____
