



INTERNSHIP APPLICATION

Name:	
Email:	
Address:	
Apt / Suite:	
City, State, Zip	
Phone Number:	
Length of Internship Desired:	
Dates of Internship Desired:	
Date of Birth:	
High School:	
College / University / Trade School Attending or Attended:	
How Did You Hear About Eclipse's Intern Program?	
What Would You Like to Learn During Your Internship?	

APPLICATION INSTRUCTIONS

1. Complete the application form.
2. Either **email** the form along with a current resume to angie@eclipse-equine.com

(or)

mail the completed application and a current resume to:

Eclipse Equine Sports Therapy Center
5378 Monterey Road
Paso Robles, California 93446

3. If you have any questions about the internship or the application process do not hesitate to call us at (831) 236-4305.