



PLAYLAND EQUESTRIAN CENTER, LLC, Glenda Player, Manager
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Working Student Program Application

Name: _____

Age: _____

Gender: _____

Address: _____

Phone #: _____

Email: _____

Educational Background: _____

Equine Background: _____

Equine Goals: _____

What would you like to accomplish while at Playland Equestrian Center?

Are you interested in the short or long term program?

When are you interested in starting & finishing?

Do you plan on using Playland Equestrian Center's working student housing?

Do you have your own car to use while at Playland Equestrian Center?

Do you own your own horse?

Do you want to bring your horse to Playland Equestrian Center while participating in the working student program?

If yes please give the following information on your horse:

Age: _____

Sex: _____

Training level: _____

Have you been a working student before? _____

If yes please give the following information.

Farm name: _____

Trainer contact info: _____

Duration: _____

Why do you think you would be a good asset to Playland Equestrian Center as a working student? _____

Thank you for taking the time to fill out this working student application!