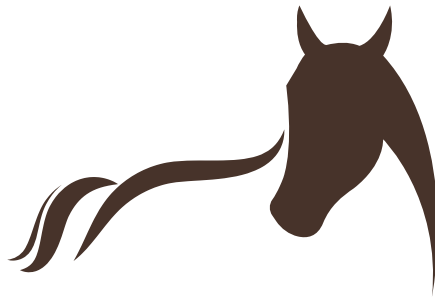


Date submitted

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STIRRUP HOPE

TESTIMONIAL FORM

Name of testimonial giver) (First name, Last Initial) We will keep your name anonymous if requested

Name of EFL participant (only required if not the same person giving testimonial)

Did you or your child benefit from Stirrup Hope Equine Facilitated Learning?

What was your experience like?

What were you most pleased with?

How did Stirrup Hope EFL affect or enrich your life?

Has your life been affected in a positive way?

Please let us know!

Use these questions and form as a guide. You are welcome to email your answers and testimonial to:

angie.stirruphope@gmail.com
