

Summer Camp Student Application

Name: _____ Date of Birth _____

Address: _____ (must be 7 yrs. Old)

Phone: _____ (W) _____ (H) _____ (C)

Name of Parent or Guardian: _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____ Hospital: _____

Allergies/food or regular: _____

Level of riding experience: (please circle one) ** Keep in mind if one hasn't ridden consistently for 6 months they are considered a beginner. You can note # of times rider has attended our camps. _____

Beginner ___ Intermediate ___ Advanced ___ Number of years riding: _____

Date of desired camp: _____ choice #1 _____ choice #2 If the date you have chosen has been filled, you will be placed into the second session.

Special instructions: _____

Cost: \$250.00 cash ___ check # _____ visa/master card# _____

T-shirt size: (please circle one) xs sm med lg xl Please specify ~~xxxxxxxxxxxx~~ Adult _____ or Youth _____

***Please remember to review the PDF on the summer camp!**