Summer Camp Student Application

Name:	Date of Birth			
Address:		(mı	ıst be 7 yrs. Old)	
Phone:	(W)	(H)	(C)	
Name of Parent or Guar	dian:			
Emergency Contact:		Phone:		
Doctor:	Phone:	Hospital:_		
Allergies/food or regula	r:			
Level of riding experience consistently for 6 month attended our camps	hs they are consider			
Beginner Inte	rmediate A	dvanced Numbe	r of years riding:	
Date of desired camp:_ has been filled, you will			! If the date you	have choser
Special instructions:				
Cost: \$275.00 cash_	check #visa/	master card#		
T-shirt size: (please circ specify ~~~~~Adult_			g xl	Please

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