## Summer Camp Student Application

Name: $\qquad$ Date of Birth $\qquad$

Address: $\qquad$ (must be 7 yrs. Old)

Phone: $\qquad$ (W) $\qquad$ (H) (C)

Name of Parent or Guardian: $\qquad$

Emergency Contact: $\qquad$ Phone: $\qquad$

Doctor: $\qquad$ Phone: $\qquad$ Hospital: $\qquad$

Allergies/food or regular: $\qquad$

Level of riding experience: (please circle one) ${ }^{\text {** }}$ 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. $\qquad$
Beginner__ Intermediate__ Advanced___ Number of years riding:___

Date of desired camp: $\qquad$ choice \#1 $\qquad$ choice"l2 If the date you have chosen has been filled, you will be placed into the second session.

Special instructions: $\qquad$

Cost: \$275.00 cash__check \#____visa/master card\# $\qquad$

T-shirt size: (please circle one) xs sm med Ig xl Please
specify ${ }^{\text {Non }}$, $\qquad$ or Youth $\qquad$

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

