

## **SUMMER CAMP APPLICATION**

Name:		Date of Car	mp:		
Address: _					
City:		Stat	te: Zip Code:		
Age:	Date of Birth:	Email:			
Phone:		Bringing own horse: Y/N	Overnight Boarding required? Y/N		
Requested	d Lesson Horse (if known)	:			
Allergies:					
Any Medic	cal Conditions we should	know about?:			
Parent or 0	Guardian's Name:		Home Phone:		
Work Phone: Cell Phone:					
Email:					
Emergency	y Contact:				
Name:		Relationship:	Phone:		
business a from any a my horses	t 272 Sprague Drive, Star and all claims and demand	Valley, AZ 85541, and their successords of any nature that may be occasion any and all damages, Patterson Tra	d Patterson Training, LLC., having its usual place ors in title, employees, and volunteer helpers fo oned by me, my guests, minors in my charge, of aining, LLC. or any individuals described above	ee	
emergency	- · ·	y release Patterson Training, LLC and	named minor or myself, or an equine to accept d the individuals described above from any clai	ms	
-	ersigned, will abide by the acluding all persons descri	•	ed by the Owners and/or Operators of Patterso	n	
Signature:			Date:		
(If particip	ant is a minor, parent or	legal guardian must sign)			

All fees must accompany application.

Make check payable to: Patterson Training LLC

Mail to: Shari Patterson-Blaylock, 272 S Sprague Drive, Star Valley, AZ 85541

Accepting VISA/Mastercard by phone 928 978 4478,

Or via Paypal to fireponies@gmail.com