 CAMP REGISTRATION

Mail To : 1418 Old Indian Mills Rd shamong NJ 08088 . Ph:(609) 346-7093 [www.suffolkstables.com](http://www.suffolkstables.com)

**STUDENT INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mom’s Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad’s Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_ Ht \_\_\_\_\_\_\_\_ Wt \_\_\_\_\_\_\_\_ M/F \_\_\_\_\_\_\_

Riding Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EACH DAY OF CAMP $75.00 Week $350.00 (Balance due one week before camp)**

**SESSION** :(Please place an ‘X’ in the session number )

**1**.\_\_\_\_\_\_6/29-7/03. **2**\_\_\_\_\_7/13/7/17.  **3**.\_\_\_\_\_\_7/27-7/31 **4. \_\_\_\_\_\_\_** 8/10-8/14 **5.\_\_\_\_\_\_\_** 8/24-8/28

WARNING: Pursuant to New Jersey Statutes Annotated 5:15-1 et seq., an equestrian area operator is not liable for any injury to, or the death of, a participant in equine animal activities resulting from the inherent risks of equine animal activities

**CAMP WILL BE LOCATED AT SUFFOLK STABLES 1418 Old Indian Mills Rd Shamong NJ 08088**

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***FOR OFFICE USE ONLY***

**Credit Cards are now accepted. Paypal:** [**Deborah@suffolkstables.com**](mailto:Deborah@suffolkstables.com)**. VENMO also accepted.: Deborah-lyonsgreer**

**Checks to: Suffolk Stables LLC**

Date\_\_\_\_\_\_\_\_ Cash / Ch#\_\_\_\_\_\_ Amt\_\_\_\_\_\_\_\_\_\_\_\_ Dep\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bal Due: $\_\_\_\_\_\_\_\_ By: 7 days before camp

Credit Card