

CAMP REGISTRATION

**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 or WEEK $350.00**

**PLEASE CIRCLE YOUR SESSION:**

**Spring Camp Schools Out (Nov) Winter Camp (Christmas)**

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 PH: (609) 346-7093**

[**www.suffolkstables.com**](http://www.suffolkstables.com)

**Email: Info@suffolkstables.com**

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***FOR OFFICE USE ONLY:***

**Credit Cards are now accepted. . Venmo to Suffolk Stables LLC.- Paypal to:** [**deborah@suffolkstables.com**](mailto:deborah@suffolkstables.com)

**Checks to: Suffolk Stables LLC. Payments can be dropped or paid in the office.**

Date\_\_\_\_\_\_\_\_ Method:\_\_\_\_\_\_\_\_\_\_\_\_ Dep or Full\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bal Due: $\_\_\_\_\_\_\_\_ . Bal pmnt\_\_\_\_\_\_\_\_ Bal Paid Date: \_\_\_\_\_\_\_\_\_\_