



CAMP ENROLLMENT APPLICATION

Student Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Current Height: _____ Current Weight: _____

Medical Conditions and Considerations: _____

Describe Any Prior Riding Experience: _____

I would like to sign up for:

_____ Intro Camp: 2-Day Horse Camp for children with no prior horse experience

Please select: _____ June 17+18, 8:30am to 12:30pm OR _____ July 15+16, 8:30am to 12:30pm

_____ Fillies Camp: 5-Day Horse Camp for children aged 6-10 with some prior horse experience

Camp Dates: June 24-28, 8:30am – 12:30pm

_____ Mares Camp: 5-Day Horse Camp for children ages 11+ with some prior horse experience

Camp Dates: June 24-28, 8:30am – 4:30pm, please pack a lunch, we'll provide light snacks

What would you child like to learn at camp? _____

Signature _____

Date _____