



Star Hollow Camp Sign-Up Form

Client Information

Rider: _____

DOB: _____

Address: _____

City: _____ St: _____ Zip: _____

Tel: (_____) _____ - _____

Email: _____

Emergency Contact

Name: _____

Tel: (_____) _____ - _____

Allergies: _____

Weekly Fee \$300

Monday – Thursday 9am to 12:30 pm

Please Send \$50.00 Deposit with Form

- June 24-27
- July 8-11
- July 22-25
- August 5-8
- August 12-15
- August 19-22

I understand that horse sports may be hazardous and dangerous. I assume any and all risk of loss or injury to myself, my animals and equipment, other animals or persons, and agree to release from liability and to hold harmless Star Hollow Stables, LLC, all horse personnel, and volunteers. "WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L.1997, c.287 (C.5:15-1 et seq)."

Signature of Parent/Guardian: _____ Date: _____

Star Hollow Stables, LLC.

609*425*9055

311 Hagen Road

Cape May Court House, NJ 08210

www.starhollowstables.com