C & M FARMS EQUESTRIAN LLC



284 West Street, Bolton CT 06043 candmequestrian@gmail.com 860-982-1781 or 860-646-3276



JOIN US THIS YEAR FOR HORSE FUN!!!

Week 1	July 4-July 8 (2 sessions avail reg and adv Certain prerequisites apply to adv prog)	Week 4	July 25-July 29 (2 sessions avail reg and adv Certain prerequisites apply to adv prog)		
Week 2	July 11 - July 15	Week 5	Aug 1 – Aug 5		
Week 3	July 18-July 22 (2 sessions avail reg and adv	Week 6	Aug 8– Aug 12		
/	Certain prerequisites apply to adv prog)	Week 7	Aug 15 – Aug 19		

Mon-Fri 9am-1pm

RIDING ATTIRE REQUIRED: Long pants, shoe or boot with a heel and bicycle helmet or riding helmet

(no experience necessary for these sessions)

What to expect:

Each beginner - intermediate session will include proper techniques in handling a horse & brushing. How to apply the saddle and bridle for each ride.

After each horse is ready you will enjoy at least one hour of riding. Each theme week will include proper riders' position and correct way to hold reins. We will teach each rider how to steer the horse, stop them and move forward. During the week riders will learn about horse care, breeds, colors, do games and much more related to horses and just Have

fun!

Riding cost:

One session is

\$375.00 A \$75.00
deposit with permission
slip will be due to hold
your spot. (balance is
due the first day of the
program week you are
attending) This deposit
is non-refundable unless
cancelled 7 day prior to
start date.
Enrollment is on a first
come first serve basis.

come first serve basis.

SIGN UP EARLY, to
save your spot.

Additional weeks and
multiple sibling discount
are \$15.00

www.candmequestrian.com

Sign up forms and more details can be found on our website.

Gift Certificates Available



Please bring lunch and drink

*Week 1, 3 and 4 will have an advance program avail to students and riders who are currently in a regular riding program. Solid w/t and horse handeling and tacking skills are mandatory for the advanced program only.

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Summer riding permission slip

Child name	nick	nickname(if chose)		_age
Parent/Guardian name				
Address		city		zip
Contact phone # (in order	you would like to be co	ntacted)		
Name	relation_		#	
Name	relation_		<u>#</u>	
Physical limitations/restri animal hair. Please note a Childs's safety or enjoym	ny limitations, allergies/	asthma or attention	al disord	er which may affect you
List any riding experience				
Session 1st choice	2 nd choice	Deposit paid	Bala	ance due
Email for confirmation				
property. I hereby release organization of our progrinjuries, losses and dama participation in this progrnotice by me. By signing	am from any and all clain ages to my child or my cl am. The assumption of a	ms, demands and lia hild's property that n risk shall remain in e	bility on nay occu ffect unt	account of any and all or during my child's til termination by writter
Print name	sig	nature		date
	Medical Pe	<u>rmission</u>		
I authorize C&M Farms to	obtain medical attention	n for my child in the	event of	an emergency.
Signature		Date		
Insurance carrier	policy number			
Please return this comple	eted and signed with vou	ır deposit to reserve	vour spa	ace
# WEEK D			y	