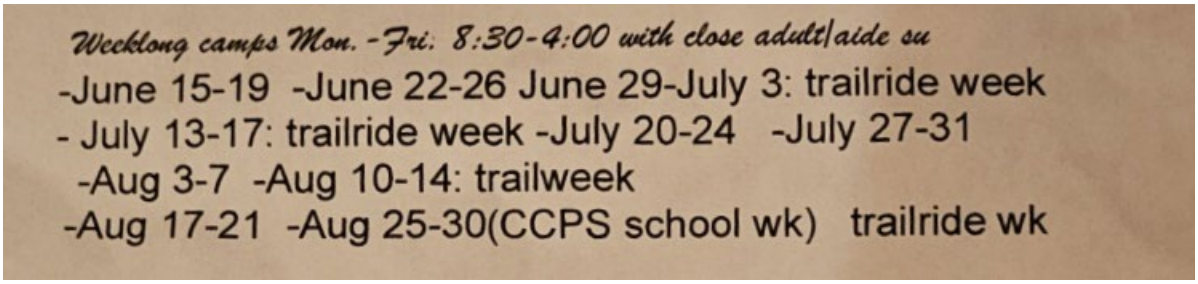
Yuletide Pines Farm, Dr. Kathleen Blanche, owner PO Box 337
7105 Harley Davidson Place, Port Tobacco, MD 20677-0337
240 320-4385 (business) (301) 934-1016 (Home)
www.yuletidepines.com

Yuletide Pines 2026 Summer Riding Camp Information Packet

Weeklong camps Monday-Friday will be offered 8:30-4:00 with close adult supervision



One half day is dedicated to riding and horse related activities and one half day will be spent relaxing at a pool or, in the event of inclement weather, crafts and field trips.

Or

Transport and a daily guided trail ride and packed picnic lunch at the local equestrian parks (limited to four experienced riding campers ages 6-86 with Dr. Kathy and senior counselor as the guides during the week you schedule with Dr Kathy.

Campers should bring their lunch and drink, 2 bottles of water, sunscreen, heeled shoes or riding boots, wear jeans or leggings, insect and tick repellant, bathing suit, flip-flops, towel, snack for pool. Please label all clothing. Private pools conveniently located to the farm are used where pickup is at 4:00

$425 week/child. ($400 for multiple weeks/family members or $85 /day per rider

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2026 Yuletide Pines Summer Riding Camp Registration Form	
Camps date requested	
Camper's Name	
Age/ Height	
Medical/Special needs?	
Riding ability	
Swimming ability	
Allergies	
Physicians name/phone	
Parents/Contact name	
Address	
City/State/Zip	
Phone (Daytime/Evening)	
Email	
Emergency Contact/Phone	
Application date	
Remarks	

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2026 Yuletide Pines Riding Camp Waiver/Emergency Medical Information	
Name	Date of Birth
Parent/Guardian cell phone#	
Health Insurance Company	
Health Insurance ID#	Health Insurance Phone#
Family Physician	Phone#
Family Dentist	Phone#
Emergency Contact	Phone#
Brief Health History/Conditions	
Current Health Problems/Issues	
Allergies to Food/Insects	Medication
Current Medication	Allergies to Medication
Medication or Special Requests	
In case of an accident or serious illness, I request the Camp to contact me. If the Camp in unable to reach me, I hereby authorize the Camp to call the Physician or Dentist indicated and follow his/her instructions. If it is not possible to contact this health care provider, and the situation is a medical emergency, I authorize the Camp and any medical personnel to make the necessary and appropriate decisions concerning the health care of my child until I am available.	
Parent/Guardian Signature	Date