

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)

Yuletide Pines 2025 Summer Riding Camp Information Packet

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

Weeklong camps Mon.-Fri. 8:30-4:00 with close adult/aide supervision:

-June 16-20 (Closed) -July 7-11: 3 slots left -July 14-18: 2 slots left
-July 21-25: 4 openings -July 28-Aug 1: 2 slots left
-Aug 4-8 (Closed) Aug 11-15-closed -Aug 18-22 (3 openings)
-Aug 25-30(CCPS school wk) -Tues Sept 2-5: 4 day trailride wk

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 with Dr. Kathy and senior counselor as the guides during the week you schedule.

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

\$395 week/child. (\$375 for multiple weeks/family members paid by May 1st) or \$80 /day per rider

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www.yuletidepines.com

| 2025 Yuletide Pines Summer Riding Camp Registration Form | |
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| 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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| 2025 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 is 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 |