

## HORSE CAMP REGISTRATION 2023

Campers Name \_\_\_\_\_

Age \_\_\_\_\_

Parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Emergency phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Any medications \_\_\_\_\_ allergies \_\_\_\_\_

Horse experience \_\_\_\_\_ first time rider

\_\_\_\_\_ walk-trot

\_\_\_\_\_ walk- trot- canter

\_\_\_\_\_ advanced - jumping

Please circle desired week(s)      Pay by check

June 12- 16

July 17- 21

August 7-11