HORSE CAMP REGISTRATION 2024

Campers Name_		
Age		
Parent/Guardian		
Address		
Emergency Phon	e #	
Email Address		
Any Medications		Allergies
Horse Experience First time rider		ime rider
	Walk-t	trot
	Walk-t	trot-canter
	Advan	ced – jumping
Please circle desi	ired week(s)	:
June 10-14	July 15-19	August 12-16

Pay by check, payable to Bridge Acres Stable, Inc.