

2023 SUMMER DAY CAMPS

Please complete this form and return via email or mail.

Child's Name: _____

Age: _____ Height: _____

Brief Riding Experience (if any): _____

First choice of weeks: _____

Second choice of weeks: _____

Name of parent: _____

Full Mailing Address: _____

_____ Postal Code: _____

Cell number _____ Home _____

Any allergies or pertinent medical conditions _____

I am interested in pricing for early drop-off and late pick-up for the following days: _____

I have multiple children or multiple weeks that I have requested: _____

All registrations require payment in full and are non-refundable.

Payment details and an invoice will be shared after registration is accepted.

Thank you for participating!