

## Summer Camp Application Form

Week of application \_\_\_\_\_

Name of camper \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Contact's Relationship to Camper \_\_\_\_\_

Any information we should know about the camper that could need special attention, such as learning issues, strength issues, and balance issues?

Any known allergies? Does the camper know what to do in an emergency?

Brief description of camper's riding history.

Brief description of camper's riding goals.

Any special information that would help us provide your camper with the best experience?

Please let us know to whom it is acceptable to release your child to at the end of the day.