



## Summer Camp Application

**Name:**.....

**Address:**.....

.....

**Phone number:**.....

**Email:**.....

**Emergency Contact name/phone number:**.....

.....

**Age:**.....

**Experience level:** Never ridden.....Ridden a little....

Walk Trotting.....Cantering.....Jumping...

**Weeks you would like to participate in. Please Circle**

6/ 25-29    7/2-6    7/9-13    7/16-20    7/23-27

7/30-8/3    8/6-10    8/13-17

Camp will run 9:00 to 1:00 Monday through Friday.

Please bring a bag lunch, long pants, paddock boots or flat soled shoe with a low heel and a riding helmet.

**Cost is \$600 per week with a \$150 non refundable deposit to hold your place. Please drop off at the**

**farm or mail to 116 Strawberry hill ave. apt. 2J**

**Stamford Ct 06902**