



# Camp Application

Childs Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ T-Shirt Size YS YM YL AS AM AL

Parent's Name \_\_\_\_\_

### Experience

(Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Never Ridden Before    | <input type="checkbox"/> Ridden just for fun                  |
| <input type="checkbox"/> Some Riding Experience | <input type="checkbox"/> Ridden with an instructor            |
| <input type="checkbox"/> Some Lessons           | <input type="checkbox"/> Been to Camp<br>For _____ (how long) |



Smile  
on my mac

### Riding Style

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Western |
|----------------------------------|----------------------------------|

### Sessions

- |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 7-11    | <input type="checkbox"/> June 14 - 18 | <input type="checkbox"/> July 5- 9    |
| <input type="checkbox"/> July 12 - 16 | <input type="checkbox"/> July 26 - 30 | <input type="checkbox"/> August 2 - 6 |