Twin Pine Farm Summer Riding Camp Application Form

Name of Rider:	
Age: School Grade as of Sept 2013:	
Father's Name:	Mother's Name:
Address:	
Home Phone:	Parent's Work Phone:
Alternate Emergency Contact:	
Relationship:	Phone Number:
Previous Riding Experience - check of	one:
\square No previous riding experience	☐ Walk / Trot ☐ Walk / Trot / Canter
☐ Walk / Trot / Canter / Jumping	$\hfill \square$ Above and has showing experience
Camp Session - check one or more	
☐ Session 1: July 8 – 12	☐ Session 2: July 22 - 26
☐ Session 3: July 29 - August 2	☐ Session 2: August 5 - 9
Any medical circumstances we should	d be aware of (e.g., beesting allergies), please comment:
I give my child permission to participa inherent risks and responsibility.	te in the Twin Pine Farm Summer Day Camp and accept all
Signature of Parent or Guardian Date	
☐Visa ☐Mastercard No	Expiration
	

Signature of card holder

Return this form with the above credit card information or with a \$150.00 deposit check enclosed to Twin Pine Farm, 34 Jewett Street, Pepperell, MA, 01463.