

Twin Pine Farm Summer Riding Camp

Application Form

Name of Rider: _____

Age: _____ School Grade as of Sept 2014: _____

Father's Name: _____ Mother's Name: _____

Address: _____

Home Phone: _____ Parent's Work Phone: _____

Parents' Cell Phone(s): _____

Alternate Emergency Contact: _____

Relationship: _____ Phone Number: _____

Previous Riding Experience - check one:

- No previous riding experience Walk / Trot / Canter / Jumping
 Walk / Trot Above and has showing experience
 Walk / Trot / Canter

Camp Session - check one

- Session 1: July 21 - 25 Session 2: July 28 - August 1

If there are any specific medical circumstances that we should be aware of (e.g., bee sting allergies), please comment:

Release

I give my child permission to participate in the Twin Pine Farm Summer Riding Day Camp and accept all inherent risks and responsibility.

Signature of Parent or Guardian Date

- Visa Mastercard Check Enclosed

Card # _____ Expiration _____

Signature of card holder

Please return this form completed with credit card information or with a \$150.00 check to Twin Pine Farm, 34 Jewett Str., Pepperell, MA, 01463. Balance due on first day of camp.