

Twin Pine Farm Summer Riding Camp

Application Form

Name of Rider: _____

Age: _____ School Grade as of Sept 2002: _____

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

Address: _____

Home Phone: _____ Parent's Work Phone: _____

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 One - July 15 - 19 Session Two - August 5 - 9
 Session Three - August 19 - 23

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

Release

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

Signature of Parent or Guardian

Date

Bill my Visa Mastercard Check Enclosed

Card # _____ Expiration _____

Signature of card holder

Please return this form completed with the above information or with a \$125.00 check to Twin Pine Farm, 34 Jewett Street, Pepperell, MA, 01463.