

SPRING TIDE FARM 2017 SUMMER RIDING PROGRAM APPLICATION FORM

Applicant's Name: _____

Address: _____

Parent's Name: _____

Telephone:

Home: _____

Parent's Cell: _____

Email: _____

Please indicate the week(s) you are interested in attending:

July 10-15 _____ July 17-21 _____ July 24-28 _____

July 31- Aug 4 _____ August 7-11 _____

Please describe your previous experience with horses/ponies:

Parent Signature:

NOTE: Full payment of \$400/ week should accompany this application form.

A physical by your doctor and a signed waiver is required for every camp participant.