

BITS & BRIDLES FARM

SUMMER CAMP APPLICATION

Monday thru Friday: 9-2

CHILDS NAME: _____

PARENTS NAME (S) _____

(Mailing) ADDRESS: _____

PHONE: _____

email: _____

child's age(s): _____

Date(s) child(s) attending camp:

child's horse experience: (circle all that apply) :

none, walk, walk/trot, walk/trot/canter, beginning to jump (cross-rails), jumping 2 ft or higher, competing at local horse shows, wants to compete in horse shows, grooming, leading

legal guardian

signature _____

Please Print Name(s) _____

Deposit received: \$ _____ (circle one) check, cash (half required to reserve space)

**please send child with snack, drinks and lunch. Space is limited. First come, first serve