

**SPRING TIDE FARM 2008 SUMMER RIDING PROGRAM
APPLICATION FORM**

Applicant's Name: _____

Street Address: _____

Parent's Name: _____

Telephone:

Home: _____

Parent's Cell: _____

Email: _____

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

July 7 – 11 _____ July 14 – 18 _____ July 21 – 25 _____

July 28 – August 1 _____ August 4 – 8 _____

August 11 – 15 _____

Please describe your previous experience with horses/ponies: _____

Parent Signature: _____

NOTE: Full payment of \$375/ week should accompany this application form.

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