

**SPRING TIDE FARM 2010 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 5 - 9 _____

July 12 - 16 _____

July 19 - 23 _____

July 26 - 30 _____

August 2 - 6 _____

August 9 - 13 _____

Please describe your previous experience with horses/ponies: _____

Parent Signature: _____

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

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