

APPLICATION FOR HORSE CAMP

CHILD'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL _____

If you like to receive camp information by email please give email

EMAIL _____

AGE _____ WEIGHT _____ HEIGHT _____ T-SHIRT SIZE _____
_____ ch or A size

RIDING EXPERIENCE _____

Please select your camp dates: April _____ June _____ Aug _____

FEE: \$45.00 PER CHILD FOR EACH CAMP

PLEASE SEND: \$45.00 per Camp

(CHECKS PAYABLE TO RIDING STAR 4 -H CLUB)

APPLICATION

LIABILITY RELEASE FORM

MAIL TO: Riding Star 4H
4025 Back Hampden Sydney Rd.
Farmville, VA. 23901