

2017 SUMMER CAMP REGISTRATION FORM

Rider Name:			_
Age: _		Height:	Weight:
Parent,	/Guardian's Name:		
Phone	Number(s):		Email Address:
Emerg	ency Contact (Name & Ph	none Number):	
Health	Card Number:		
Medica	al History (allergies, medic	cal/behavioural issues):_	
Please	Experience: Indicate your child's ridur child.)	ing ability (please be ho	onest as this will help determine the most suitable hors
	Never ridden Beginner - can walk, stol Intermediate Beginner - Novice Rider - started ju Intermediate Rider - Can Advanced Rider - has co	walk, trot, some canter mping small X's a already do a course of s	small jumps ails, hunter/jumper and/or dressage shows
Has yo	ur child has any previous	riding instruction:	
	Currently taking weekly Only ridden at summer of Not ridden for quite som Never had lessons	camps	
Week	of sign up: (check boxes t	nat apply)	
_	Session 1: July 3rd - Ju Session 2: August 14th Session 3: August 21st	- August 18th	
Payme Camp 13% HS	Fee: (\$350 for one wee	ek)	\$ \$ TOTAL \$

Please enclose payment with this form and return it to Innisfree Equestrian no later than **JUNE 1st** to guarantee your spot (spaces are limited & are filled on a first come first serve basis.)

Please note VISA & MasterCard are also accepted
For more information or questions e-mail: innisfreeequestrian@hotmail.com