

Camp Application

4674 Bates Road
Abbotsford BC

PHONE 604-897-3225 Fax 604-864-5996

Join us this summer for an unforgettable week down at the barn. Camps will run Monday through Friday 9:00-2:00 and will cost 230.00. Each day campers will receive a riding lesson, take part in a theory class where they will learn about caring for horses, plus spend lots of time involved in other fun horses related activities such as games and crafts.

Campers will also add photos taken during the camp to their very own personalized scrapbook so they will have a keepsake to share with family and friends. A highlight of the week will be the much anticipated games day on Friday where instead of a riding lesson campers will participate in a variety of relays and games on horseback! Weeks ONE through THREE are dedicated to children ages 6-12, Week Four is the Teen Camp. Please insure that your child is dressed according to the weather and has a bagged lunch and water bottle as well as boots with a heel, a helmet and pants suitable for riding.

Campers name: _____

Sex: male female

Birth date: month _____ day _____ year _____

Address: _____ postal code: _____ City: _____ Province: _____

Email: _____

Riding Experience

- 1st time riding
- Has done some casual riding (trail riding etc.)
- Has taken lessons before
- Is currently taking lessons
- Where did you hear about our camps? _____

Parent/ Guardian Information

Parent #1 First name: _____ last name: _____

Home phone ()- _____ - _____

Cell phone ()- _____ - _____

Work phone ()- _____ - _____

Parent #2 First name: _____ last name: _____

Home phone ()- _____ - _____

Cell phone ()- _____ - _____

Work phone ()- _____ - _____

Emergency contact

In the case of an emergency please contact _____ if not available an alternate contact is: First name: _____ last name: _____

Home phone ()- _____ - _____

Cell phone ()-_____-_____

Work phone ()-_____-_____

Health concerns please place a check mark next to those which apply and describe medication or treatment if applicable.

- ADD/ ADHD _____
- Diabetes _____
- Asthma _____
- Other : _____
- My child has no physical or medical health concerns

Camp date Selection

Cost 230.00 per camp. A non refundable 75.00. deposit per camp is required to hold a spot, the remainder can be paid upon the first day of camp.

Number of camps my child will be attending _____ total cost: _____

Please number camps in order of preference, camps will be filled on a first come first serve basis. Also please understand that if a camp is not filled your child will be moved to another camp or paid money will be refunded in full. If your child will **not** be able to attend one of the listed camp dates put an x in front of it

- ___ Week one: July 12-16
- ___ Week two: July 19-23
- ___ Week three: August 2-6
- ___ Week four: August 9-13 Teens

Applications can be mailed (please ask for mailing address) , or dropped by the barn. If you would like to fax your application please ask for more info

SEE YOU THERE!!!