

***Youth Dressage Camp
Application***

Name:

Parent or legal guardian's name: _____

Address & phone # of parent or legal guardian: _____

Age of youth: _____

Number of days you'd like to attend (specify which days or "all"):

Please mail or drop off the application to the above address, to be post-marked by the closing date. Please include a deposit of half the total fee, the remainder to be paid the first day camp is attended. If your application is received and we are not able to include you in the camp, you will get a phone call and your check will be returned to you.