2020 Summer Horsemanship Registration

Green Heron Farm

Name:		Age:
Mailing Address:		
Local address:		
PHONE:	Alt	phone:
Email:		
Emergency contact:		
Does this child have an	y known allergies? Y N	
If yes what?		
Does this child have an	y physical and /or behav	ioral conditions that the staff needs to be aware of
or might make participa	ation in camp activities d	lifficult? Y N
	/ previous horse or riding	g experience? Y N
up by 3:30 PM. If your		M. The camp day is from 9-3PM. Please plan on picking with someone other than yourself please advise the state or emergencies.
	•	on is due in full by June 1, 2020. Email confirmation will and deposit. We are unable to accept payments by cred
July 6-10	August 3-7	
July 13-17	August 10-14	
July 20-24	August 17-21	
July 27-31		
Child's name:		Deposit: