

Twisted Tree Farm:
Summer 2018 Horsemanship Camp Registration

Student Information:

Name of attendee: _____ Birthdate: _____

Parent / Guardian: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

E-Mail: _____

Address: _____

Child's School: _____

Would like to attend the following dates: (\$385.00 per session or \$85.00 per day)

____ Full Session: **June 4th-8th**

(OR) Separate days at daily rate: (please mark which days) _____

Previous Riding Experience: _____

Allergies: _____

How did you learn about Twisted Tree Farm Winter Camp? _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Payment Information: (\$175.00 Non-refundable Deposit due per session)

Payment Type: ____ Credit Card ____ Check ____ Cash

Payment Amount: _____ Check Number: _____

Credit Card Number: _____ EXP: _____

Billing Address: _____

Name as it appears on card: _____ CVC Code: ____

Signature: _____

Please email registration form to: sydoshinski@yahoo.com