



**SILVER EAGLE**  
STABLE

Camp Date/s: \_\_\_\_\_ Early Drop Off (Y/N)      Late Pick Up (Y/N)

Rider's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Any Special Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summary of Horse Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Application: \_\_\_\_\_ Date Non-Refundable Deposit Received: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_