

Twisted Tree Farm: 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:

_____ Session I: May 30th-June 2nd

_____ Session II: June 5th-9th

(OR) Separate days at daily rate: _____

Previous Riding Experience: _____

Allergies: _____

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

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Payment Information: (\$150.00 Deposit due per session, \$325.00 Session 1/
\$375.00 Session 2/ \$85.00 per day)

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: info@twistedtreefarm.com or fax to 480-585-9896.