



Summer Horsemanship Camp Registration Form

Camper's Name: _____
 Parent's Name: _____
 Camper's Age: _____ Sex: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Fax Number: _____
 E-mail address: _____

In case of an emergency, please contact:

Name: _____ Relationship to camper: _____
 Phone: _____ Insurance Information: _____

Please list any information you feel we should know in order to better serve your child (allergies, medications, etc.).

Camp session(s) registering for: (please circle all that apply)

Beginner Camp: June 15 – 19

Beginner Camp: July 6 - 10

4-H/Eq Team Camp: July 13 - 17

Beginner Camp: August 3 – 7

Beginner/Intermediate: Aug. 17 - 21

Enclosed is: _____ Deposit of \$100 per camper, per session, with a balance of \$400 due per session the first day of camp. DEPOSITS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.
 _____ Payment in full of \$500.00 per camper, per session

Venmo, PayPal, Visa and Master card accepted however 3.75% fee will be applied to credit card payments

Type of Card: _____ Name on Card: _____
 Card Number: _____ Card Expiration Date: _____
 3 digit Security Code: _____ Billing Zip Code: _____

Please send completed registration form to:
 Twin Elm Training, 8671 Currie Rd., Northville, MI 48167
 Please make check or money order payable to Twin Elm Training.
 Venmo: @BobbieJo-Jaakkola
 PayPal: @Jaakkola13

Please make a note of the name of the camper when making a payment via Venmo or PayPal



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Riding Experience: (circle all that apply)

None 1 yr 2yr 3yr 4yr 5yr+

Style of Riding: (circle all that apply)

Saddle seat Hunt seat Western Dressage

Trail Other _____

Camper can do the following:

walk trot posting trot diagonals canter canter leads

Waiver: I/We understand that in case of an emergency and I am/we are unable to be contacted, I/we give permission to Twin Elm Training to authorize any emergency action necessary to insure the safety of my/our child. I/we do not in any way hold Twin Elm Training financially responsible or otherwise liable for any medical or emergency care given.

I/We permit my/our child to participate in all activities, and hereby release Twin Elm Training and all employees of any liability arising on the premises while my/our child is attending camp.

Signature: _____ Date: _____

Any questions please call Twin Elm Training at 248-697-6503 or e-mail twinelmtraining@gmail.com
Mailing Address: 8671 Currie Rd., Northville, MI 48167

