

SPRING TRAINING CAMP APPLICATION

Name of Rider							
Age of Rider							
Riding Experience							
Name of Parent or Guard	dian if under 18						
Email Address							
Rider Phone							
Cell							
Emergency Phone							
Cell							
What do you want to wo	ork on:						
Circle what day(s) you w	ant to Attend:	Day 1	Day 2	Day 3	Day 4	Day 5	Full Week
		-	-	-	-	-	
Spring Training Camp Pri One Day	ces: \$75						
For the week	\$350						
Return this form to: Celtic Cross Equestrian C	enter						

14100 E. Cedar Lane Norman, Ok 73026

405-641-6607

Celtic Cross Equestrian Center.com