

**SENATOR BELL FARM 2009 SUMMER CAMP  
APPLICATION FORM**

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Telephone:

Home: \_\_\_\_\_

Parent's Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate the week(s) you are interested in attending:

July 13 - 17 \_\_\_\_\_ August 10 - 14 \_\_\_\_\_

July 20 - 24 \_\_\_\_\_

Please describe your previous experience with horses/ponies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

NOTE: Full payment of \$425.00/week should accompany this application form.

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**A signed waiver is required for every camp participant.**