

SENATOR BELL FARM SUMMER CAMP APPLICATION FORM

Applicant's Name: _____ Age: _____

Street Address: _____

Parent's Name: _____

Telephone:

Home: _____

Parent's Cell: _____

Email: _____

Please enter the dates of the camp you would like to attend:

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.