

PREMIER STABLES ADULT CAMP

NAME:

ADDRESS:

PHONE NUMBERS:

DAY: _____

EVENING: _____

CELL: _____

EMAIL: _____

INSTRUCTOR OR TRAINER:

NUMBER OF YEARS RIDING:

GIVE A BRIEF DESCRIPTION OF YOUR RIDING EXPERIENCE:

DO YOU HAVE ANY MEDICAL CONDITIONS OR SPECIAL CONCERNS WE SHOULD BE AWARE OF: _____

IF YES, PLEASE DESCRIBE:

SIZE FOR CAMP T-SHIRTS:

ADULT S _ M _ L _ XL _ XXL _

WHERE YOU WILL BE STAYING WHILE AT CAMP:

PLEASE WRITE IN BELOW ANY PLACES OR SPECIAL THINGS YOU WOULD LIKE TO SEE DURING CAMP:
