



BRIDGES EQUESTRIAN

2010 Summer Horse Camp
Registration Form

Session (please circle): Jun 21-25 Jul 5-9 Jul 26-30 Aug 9-13

RIDER INFORMATION:

First Name: _____ Last Name: _____ Age: ____ Birthday: _____

Boy: ____ Girl: ____ Height: _____ Weight: _____

T-Shirt Size: S(6-8) M(10-12) L(14-16) Adult S Adult Med

Allergies: _____ Other Health concerns: _____

Riding experience: English ____ Western ____ # Times Ridden _____

Please describe:

PARENT/GUARDIAN INFORMATION:

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Alternate: _____ Email: _____

Emergency contact: (someone who is authorized for care of this child must be available by phone during all camp hours)

First Name: _____ Last Name: _____ Phone: _____

First Name: _____ Last Name: _____ Phone: _____

First Name: _____ Last Name: _____ Phone: _____

Parent signature

Date

Please mail completed form with check for \$350 made payable to Bridges Equestrian.

Mail To: Bridges Equestrian
c/o Sycamore Trails Stables
26282 Oso Road
San Juan Capistrano Ca 92675