

Gallery Farm Summer Horse Camp 2014 Enrollment Form

ider/Camper Name: Age:				
Address:				
City:		State:	Zip:	
Phone Numbers:	Home	Work		Cell
E-mail Address:				
Beginner Camp - \$225/we Board for own horse - \$10 Make checks payable to G	00/week Use o	p - \$325/week Adv of Lesson Horse for Int		
Week Requested (rank in	order of preference if mo	re than one week work	as into your	schedule):
Beginner Day Can	np (8:00am–noon)	June 9-13 June	16-20	June 23-27
Intermediate Day (Camp (8:00 am – 4:00 pm	n)July 7-1	1	
Advanced Day Ca	mp (8:00am–4:00 pm)	July 21-25		
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Bringing Own Horse?	Horse's Na	me:		
The following information	on will be used to group	the riders. Please be	as detailed	as possible.
	None	Jumping Experie	ence?	NoYes
	1-10 hours	If Yes	_ Height	
	10-50 hours	Cross Country Jun	mping`	Yes No
	More than 50 hours	S		
Please explain type of ridi	ng:			
How did you learn about (Gallery Farm Summer Ho			

Send this form along with the liability release form (both parents' signatures are required), medical release form and payment to Pamela Byers, Gallery Farm, 8900 Cemetery Road, Noble, OK 73068 to enroll in a camp.