

Pembrook Farm LLC

Summer Riding Camp Student Application

Student's Name

_____ Male Female
Date of Birth

Street Address

_____ City _____ State _____ Zip

_____ Business Phone _____ Home Phone

Level of Ability: Beginner Intermediate Advanced

Please Note Prior Riding Experience:

Name of Parent / Guardian

Signature of Parent / Guardian

List any Medical Conditions that our staff should be aware of:

Physician's Name

Physician's Phone