

Pembrook Farm LLC

Summer Riding Camp Student Application

Student's Name

Date of Birth

Male Female

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

Week/Weeks desired _____