

Apple Hill Stables, LLC

Summer Camp Registration Form 2019

Participant's Name: _____ Birth Date _____

Home/ Physical Address: _____

E-Mail: _____

Contact Name and Phone Number: _____

Emergency Contact: _____

Names of approved pick-up persons: _____

Riding Experience: _____

Please explain any health issues, allergies, anxieties we should be aware of:

Medications: _____

Pediatricians name and number: _____

If a hospital visit is necessary, do you consent to Northern Lights Maine Hospital

_____ if no, please advise: _____ ?

Camp Weeks:

Beginner: June 24-28

Intermediate: July 22-26

Advanced: August 5-9

Please provide 50% of \$300.00 at time of sign up and the reminder is due on the session beginning date.

No refunds are available, but if a medical cancellation is necessary, Apple Hill Stables, LLC will offer a credit to be used towards lessons or other camps if a slot is available.

I give permission for my child to be photographed for promotional purposes_____

I do not give permission for my child to be photographed for promotional purposes____

Please pack; Lunch and snacks, water bottle, sunscreen, swimsuit and towel, extra clothes, bug spray.

Please wear: Riding pants or Jeans, Riding boots, Riding helmets

Camp Hours are from 9:00 AM-3:00 PM

Parent's Signature: _____ Date: _____

Please mail Registration to:

Apple Hill Stables, LLC

4261 Union Street Levant Me 04456

Telephone 207-745-2542

We accept Visa, Master, and Discover.

E-mail info@Applehillstablesllc.com to pay with credit card