Camp Enrollment Application

Please circle the week(s) below that you would like to attend:

Week #1 Week #2 Week #3 Week #4 Week #5

Childs Last Name_____
First Name_____
Date of Birth:_____
Family Email:_____
Address:_____
_____

Parent/Guardian Name:_____
Home #:_____ Cell #:_____

Emergency Contact Name:_____
Phone #:_____
Emergency Contact Name:_____
Phone #:_____

Please Circle Child's Riding Level Below:

No experience Leadline Walk/Trot Walk/Trot/Canter
Jumping x-rails Jumping over 2ft.

Shirt Size: XS S M L XL

Please describe any special needs/allergies/etc.:

_____
_____

Parent Signature:_____

Liability Release form must be signed by parent on or prior to first day of camp.

Return to:
Redfield Farm
Attn: Ashley
237 Old Turnpike Road . Califon, NJ 07830