

ABF EQUINE SUMMER RIDING PROGRAM APPLICATION

Rider: _____ Age: _____

Parent/Guardian: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Briefly describe the rider's previous riding experience, if any:

Allergies, medical conditions or special needs:

Hours: 9:00 am – 1:00 pm Monday through Friday. Please be sure to drop your rider off on time and pick them up promptly at the end of the day.

Lunch: Please pack a lunch, snack, and plenty of water, juice, etc. for your rider each day.

Proper Attire: Riders should wear long pants (breeches or jeans), boots with a small heel (no sneakers please), and a riding helmet. If you do not have a riding helmet, ABF may be able to provide one for use during camp.

Please circle which dates you would like your rider to attend (each session is \$195):

June 22-26	July 13-17
June 29-July 3	July 27-31
July 6-10	August 3-7

Please return this completed application, along with a non-refundable deposit of \$50 (unless your session is unavailable) to ABF Equine, LLC, 391 Nathan Hale Road, Coventry, CT 06238 (or give to Brooke or Amy). Each rider or parent/guardian will also be required to submit a release and hold harmless agreement.

Parent/Guardian Signature: _____ **Date:** _____