



**Summer Camp Application**

Camper Name: \_\_\_\_\_

Week (s) Attending: Circle or Highlight  
July 6      July 13      July 20      July 27  
Aug 3      Aug 10      Aug 17      Aug 24

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Emergency #: \_\_\_\_\_

Email: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Allergies / Medicine: \_\_\_\_\_  
\_\_\_\_\_

Deposit:  
\$100 non-refundable deposit per rider/per week  
Balance Due  
1 week prior to attending camp week:

Check #: \_\_\_\_\_  
Amount: \_\_\_\_\_

Check #: \_\_\_\_\_  
Amount: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Rider New to Saddlebrook: Yes or No

**Mail to:** Saddlebrook Equestrian Facility  
4870 Skippack Pike Schwenksville, PA 19473

**Email to:** saddlebrookstable@gmail.com

**Fax to:** 610-287-1348

**Reserve your spot with a \$100 non-refundable deposit per week per rider along with this camp application  
Balance is due one week prior to your participating week**