



Summer Camp Application

Camper
Name: _____

Week (s) Attending: _____

Age: _____ Birthday: ____ - ____ - ____

Address: _____

Phone # _____

Emergency #: _____

Physician Name: _____
Phone #: _____

Allergies / Medicine: _____

Deposit:

Check #: _____
Amount: _____

Balance Due

1 week prior to attending camp week:

Check #: _____
Amount: _____

Parent's Signature: _____

Mail to: Saddlebrook Equestrian Facility
4870 Skippack Pike Schwenksville, PA 19473
Email to: saddlebrookstable@gmail.com
Fax to: 610-287-1348