

Summer Camp Application

Camper
Name: _____
Age: _____ Birthday: ____ - ____ - ____

Address: _____

Phone # _____

Emergency #: _____

Physician Name: _____

Phone #: _____

Allergies: _____

Medicine: _____

A 20% non-refundable deposit (**\$65 per child, per week**) is required with your reservation.

The balance is due one week before selected week of camp begins.

Week(s) Camper wishes to attend (write below)

Deposit: Check #: _____
Amount: _____

Bal. Due: Check #: _____
Amount: _____

Parent's Signature: _____

Is student new at Saddlebrook? Yes: No:

Saddlebrook Equestrian Center
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Schwenksville, PA 19473
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letsride@sadlebrookstables.com