



Summer Camp Application

Camper
Name: _____

Week (s) Attending: Circle or Highlight
June 15 June 22 July 6 July 13
July 20 July 27 Aug 3 Aug 10 Aug 17

Age: _____ Birthday: ____ - ____ - ____

Address: _____

Phone # _____

Emergency #: _____

Email: _____

Physician Name: _____

Phone #: _____

Allergies / Medicine: _____

Deposit:

Check #: _____

Amount: _____

Balance Due

1 week prior to attending camp week:

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