



Summer Camp Application

Camper Name: _____

Week (s) Attending: Circle or Highlight

June 17 July 8 July 15 July 22
July 29 Aug 5 Aug 12 Aug 19

Age: _____ Birthday: _____ - _____ - _____

Address: _____

Phone # _____

Emergency #: _____

Email: _____

Physician Name: _____

Phone #: _____

Allergies / Medicine: _____

Deposit: _____

\$90 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