



Stoneybrook Farm
2017 Summer Horse Camp Application
(607) 351-8267
Bethstnybrk@aol.com

Student Name _____

Birth date and Age _____

Parent(s) Name & Address _____

Home PH. # _____ Work PH. #(s) _____

Emergency Contact person and PH. #(s) _____

Allergies _____ e-mail address _____

Program Runs: Monday-Friday each week/ hours 9:00-3:00

450.00/week 50.00 discount if registered by 5/15/17

Please return application with \$150.00 deposit/week/child (non-refundable)

June 26-30 _____

August 7-11 _____

July 10-14 _____

August 14-18 _____

July 17-21 _____

August 21-25 _____

July 31-8/4 _____

Total# wks _____ x 150.00 deposit= _____

Total enclosed _____

I hereby give permission for my child to attend and to instructors and staff of Stoneybrook Farm, to seek and authorize medical attention for my son/daughter, should an emergency arise and I cannot be reached.

Parent Signature _____

www.Stoneybrookfarm.info

STONEBROOK FARM* 428 SHAFFER ROAD* NEWFIELD NY 14867 (607) 351-8267 Bethstnybrk@aol.com