



Stoneybrook Farm
2024 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

475.00/week with discount if registered by May 1st, 2024 - After that it is 500.00/week
****Please return application with \$175.00 deposit/week/child (non-refundable)**

July 08-12 _____	July 29-Aug 2 _____
July 15-19 _____	August 5-9 _____
July 22-26 _____	August 12-16 _____
	August 19-23 _____

Total# weeks _____ x 175.00 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