



Stoneybrook Farm
2013 Summer Horse Camp Application
(607) 564 0063 e-mail- 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 9:30-3:00

350.00/week

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

June 24-28 _____

August 5-9 _____

July 8-12 _____

August 12-16 _____

July 15-19 _____

August 19-23 _____

July 22-26 _____

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 NY14867 (607)564 0063 Bethstnybrk@aol.com