



Stoneybrook Farm
2025 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 9:30-3:00

575.00/week with discount if registered by May 1st, 2025 - After that it is 600.00/week
****Please return application with \$200.00 deposit/week/child (non-refundable)**

July 07-11 _____	July 28-Aug 1 _____
July 14-18 _____	August 4-8 _____
July 21-25 _____	August 11-15 _____
	August 18-22 _____

Total# weeks _____ x 200.00 deposit= _____

Total enclosed: _____

Balance on camp week(s) is due by June 30th

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

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