## **Marciak Performance Horse (a)** Caustelot Farms **Camp Registration Form**

Name of Camper:	Age:Date	_Age:Date of Birth	
Address:	Shirt size	Adult or Youth	
City: State:	Zip:		
Email address:			
Parents' name:			
Parents' phone number:			
Contact in case of emergency:			
Allergies, medical concerns or special instruc	ctions:		
Does Camper have any riding experience? Pl			
Circle one: Western Hunt Se			
<i>Circle all gaits the rider has accomplished:</i> <i>Circle one:</i>	walk Trot	Canter	
Camp Week July 22-26	July 29-Aug. 2	Aug. 5-9	
Mail your completed registration form to: Kathy Marciak	Check payable to: Kathy Marciak		

**27 Meadowcrest Drive** Cecil, PA 15321

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Once your Registration Form has been reviewed you will receive a letter confirming the availability of your requested camp dates as well as a Reminder letter for camp. Please note, your camp date will not be reserved until we receive your \$50 non-refundable deposit made payable to "Kathy Marciak." If we receive your deposit by April 1<sup>st</sup> you will receive a \$25 discount. NO EXCEPTIONS!

A strong emphasis on safety requires all students to wear long pants, a shoe with a low heal, and an approved riding helmet. Please let us know if you need to borrow a helmet. Campers are also required to bring a bagged lunch.

If you have any questions contact Kathy at 724-554-5504 or kathy@caustelotfarms.com

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Email Address:		
Parents' name:		
Parents' phone number:		
Contact in case of emergency:	Ph	ione:
Allergies, medical concerns or special instructions:		
If returning camper what horse or horses has camper rode?		
Camper riding experience if any.	☐ June	eek (check one) 28 – July 3
No riding Experience	☐ July : ☐ Aug.	
Years with weekly lessons:		
Location of weekly lessons:		
Discipline Western Hunt Seat Dressage:		