

Name of Camper: _____ Age: _____ Date of Birth: _____

Address: _____

Shirt Size: _____

Adult Youth

City / State / Zip: _____

Email Address: _____

Parents' name: _____

Parents' phone number: _____

Contact in case of emergency: _____ Phone: _____

Allergies, medical concerns or special instructions: _____

If returning camper what horse or horses has camper rode?

Camper riding experience if any.

No riding Experience

Years with weekly lessons: _____

Location of weekly lessons: _____

Please place camper into same group as: (list name)

2024 Camp Week (check one)

\$415: June 10-14

\$415: July 1-5

\$415: July 8-12

Check all gaits the rider has accomplished:

Walk Job Lope



Join the Facebook group
"Caustelot Farms Summer Camp"

Mail your completed registration form to:

Kathy Marciak
27 Meadowcrest Drive
Cecil, PA 15321

Check payable to:

Kathy Marciak

Questions? Contact:

Kathy Marciak
724-554-5504
caustelotlessons@gmail.com

Once your Registration Form has been reviewed you will receive an email confirming the availability of your requested camp dates as well as a Reminder email for camp. **Please note, your camp date will not be reserved until we receive your \$50 non-refundable deposit made payable to "Kathy Marciak." NO EXCEPTIONS!** A strong emphasis on safety requires all students to wear long pants, a shoe with a low heel, 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.

Is your child interested in weekly riding lessons? Yes No

Is your child interested in our 4th thru 12th grade IEA team. Yes No