

CLADDAGH FARM
HORSEMANSHIP SUMMER CAMP
REGISTRATION FORM

NAME: _____

ADDRESS: _____

AGE: _____

PREVIOUS RIDING EXPERIENCE: _____

DATES CAMPER WOULD LIKE TO ATTEND: _____

ALLERGIES: _____

ADDITIONAL COMMENTS: _____

THANK YOU FOR YOUR INTEREST IN THE CLADDAGH FARM HORSEMANSHIP SUMMER CAMP! LET'S
HAVE AN AWESOME AND SAFE SUMMER!

PLEASE MAIL REGISTRATION FORM AND CHECK TO:

CLADDAGH FARM
516 Spencer Street
Fall River, MA 02721
RE: SUMMER CAMP