



**2009 Horse Camp Registration Form**

Name:	
-------	--

Address:	
----------	--

Birthdate:	Phone:
------------	--------

Returning Camp Rider?    Yes    No

Email:	
--------	--

Camp Session:	<input type="checkbox"/> Beginner Rider <input type="checkbox"/> Intermediate Rider/Advanced
---------------	--

Session Dates (Circle chosen session)	Session 1: June 9, 10, 11                      Ages: 5-9 yr. olds Session 2: June 22, 23, 24                      Ages: 10 yr. and up Session 3: July 13, 14, 15                      Ages: 5-9 yr. olds Session 4: July 27, 28, 29                      Ages: 10 yr. and up
--	---

List participants horse experience if any.	
--	--

Limited Space available. To reserve your spot, a deposit of \$75.00 is due at time of registration. Remaining balance due by the 1st.day of camp.

Mail to: Cuttin'Up Stables  
 9040 W. 450 S.  
 Shirley, IN 47384