



## Summer Riding Camp Registration

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail address \_\_\_\_\_

Phone # \_\_\_\_\_

Please circle which dates you will be attending:

June 1-5	June 8-12	June 15-19	June 22-26
July 6-10	July 13-17	July 20-24	July 27-31

Please circle which sessions you will be attending:

Morning      Afternoon      Full-day      Jumping      Dressage

Deposit Paid: \_\_\_\_\_  
(Check #, Date) Non-refundable, but can be used for lessons or other services.

Full Registration Paid: \_\_\_\_\_  
(Amount, Check #, Date)

Mail to: 147 Fairview Ave. Cocoa, FL 32927  
Checks Payable to: Hidden Acres, Inc.