

SUMMER DAY CAMP APPLICATION:

Camper's Name: _____ Age: _____

Parent's Name: _____

Work Phone: _____ Home Phone: _____

Camper's Shirt Size: _____

Mailing Address:

Camp Date(s): _____ Check # _____

MAKE YOUR \$50.00 CHECK OUT AND MAIL TO:

THE RIDING ACADEMY

30300 Garbani Rd.

Menifee, Ca. 92584