

Fall City Pony and Horse Farm Summer Camp Registration Form



Fall City Pony and Horse Farm
2411 316th Ave. SE
Fall City, WA 98024
425-765-0558
tanyampp@hotmail.com



Either scan and email this form
and use the Book Online option or send to the above address

Child's Name _____ Age _____ Birthdate _____
Guardian's Name _____ Phone _____
Email _____ Cell _____ Work _____
Address _____ City/State/Zip _____

1. Please briefly tell about your child's experience with horses/ponies and indicate their riding level.

_____ No experience Brief description of Experience:
_____ Beginner (Led only) _____
_____ Novice (Can control horse on own at walk) _____
_____ Intermediate (Competent control at most gaits) _____
_____ Advanced (Competent at all gaits and situations) _____

2. Please explain any physical disability or special needs your child has that we should be aware of

3. Additional Comments _____

4. Please provide first and last names of the children your child would like to attend camp with and the week(s) they are planning to attend.

Name _____ Week(s) _____
Name _____ Week(s) _____

5. Date of 1st camp choice _____ **2nd choice** _____

Total Camp Cost _____

(Payment in full must accompany this application to reserve your child space in selected camp.)

*You will be notified if your first choice cannot be fulfilled.

**There is a discount of \$25 per child for multiple children in a family.

***If you are enrolling more than one child, please make a copy of this and fill one out for each child.