

## **Summer Camp Application**

Name:		Age: (Ages 7 to 15)
Address:		Phone:
City:	State:	Zip:
Experience:		
Check Session(s) desired: J	une 18 through June 29	July 2 through July 13
July 16 through July 27	July 30 through A	August 10
Cost Schedule: 2 weeks - \$600 (Mon. through I Sign up for any two-week session 1 week - \$325 1 day - \$75 per day	· · · · · · · · · · · · · · · · · · ·	s for \$275 each.
NOTE!! Last year the sessions fill wanted. We cannot ensure that you Don't miss out! Sign-up early!! Aprefundable or transferable. Please of The term "Company" shall mean Sand employees. I hereby agree to hability, loss damages, costs or fee occur on said property.  WARNING: Under Rhode Island I failed in the exercise of due care, i equine activities resulting from the Title 4 of the General Laws.	a will get the dates you want up opplication not accepted without make checks payable to Sandy Sandy Point Stables, Inc., its of hold the Company harmless from es from any injuries or property law, an equine professional, ur s not liable for an injury to or to	nless we have your check. t check. Camp fees are not Point Stables, Inc. fficers, directors, shareholders om and against any and all y damage or loss which may nless he can be shown to have the death of a participant in
Parent's Name:	Signat	ure:
Date:	E-mail:	
How did you hear of us?		