

Blue Moon Riding School Summer Horsemanship Camp, 2010  
Application Form

Name of Camper: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

1st Choice of Session (dates): \_\_\_\_\_

2nd Choice of Session (dates): \_\_\_\_\_

Would you like to arrange early drop-off? \_\_\_\_\_

Describe previous riding experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any physical conditions/limitations that would prevent the camper from full participation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are signing up with another camper, what is his/her name? \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email address (for registration confirmation): \_\_\_\_\_

Emergency Contact Name and Phone Number:

\_\_\_\_\_  
\_\_\_\_\_

Please return by mail with a \$200 non-refundable deposit to:  
Blue Moon Riding School  
c/o Cheryl Maloney  
407-29th Street, #5  
San Francisco, CA 94131

Informational letters will be sent prior to your camp session.