



55 Shelburne Center Rd
Shelburne, MA 01370
(413) 625-0019

Summer Horsemanship Program
REGISTRATION FORM 2009

Name _____

Address: _____

Phone: (_____) _____ Birth Date ____/____/____

Describe previous riding experience, if any:

Check session (s) desired

June 22nd _____ IEA camp

June 29th _____

July 6th _____

July 13th _____

July 20th _____

July 27th _____

August 3rd _____ For students who
want to ride in an A-rated horse show.
Show fees will be extra. Students must
also participate in the July 27th week.

Cost is: \$325.00/1 week, \$600.00 / 2weeks, \$850.00/3 weeks, \$275.00/week 4 or more
weeks.

Amount enclosed: \$ _____

Note: a \$50.00 deposit is required with this form.

Parent Signature _____