**Classic Colors Farm**

**www.classiccolorsfarmllc.com**

Camp Enrollment Form

 770-401-7754

**Rider’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camp Session(s): June weeks: May 30-June 2, 5-9, 12-16**

 **July weeks: 5-7 (W-F), 10-14, 17-21**

**1st Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What experience, if any, does your rider have with horses? (lessons, camps, etc.)**

**Does your rider have any learning or physical disabilities that we should know about to be able to provide the best experience possible? Any allergies? etc.**

**Rider’s parents’ names:**

**Daytime telephone number/emergency contact #s & email (camp info/reminders will be emailed the weekend before your camp):**

**Please enclose deposit payment for the week(s) of camp your child will be participating in along with one signed release of liability form. Payment is due in full to hold your rider’s spot (riders participating in multiple weeks may pay for the first week in full and then pay $100 deposit per each additional week). You may drop it off, email it or mail it to 1030 Roper Rd. Canton, GA 30115.**

**Note—Camp hours are from 9:00am to 2:00pm, no extended hours care available. For more info. or any questions, call** Courtney Broka **770-401-7754 www.classiccolorsfarmllc.com**