

## Kelly Maddox Training, Inc. Summer Camp 2024

Child's Name:		Nickname:	
Age:	Height:	Weight:	
Camp Date:			
Parent's Name(s): _			
Parent's Email:		_ Parent's Phone #:	
Emergency Contact	(other than parent lis	sted above):	
Riding Experience: (	circle one and pleas	e explain)	
New (no ridir	ng experience):		
Beginning (line)	nited riding experien	nce):	
<ul> <li>Intermediate</li> </ul>	(can walk/trot/canter	r on own):	
Advanced (h.	ave jumping experie	nce):	
Does your child have	e any special needs/	allergies (circle one)?	No Yes
If yes, please explain	າ:		
Will you require our	pony/horse?Y	es orNo, I will use	my own pony/horse
How did you hear at	oout us?		
Anything you would	like to add?		

Please mail form and non-refundable deposit (\$400) to:

Kelly Maddox Training, Inc.

7191 Johnston Road Pleasanton, CA 94588