

APPLICATION FORM

NAME: _____ Phone (day) _____
ADDRESS: _____ Phone (other) _____
_____ E-Mail: _____

(check one) (Write in your option, the dates of your camp & cost)
 Regular Camper _____
 Auditor _____

(Proof of Neg. Coggins & Recent Immunizations (within last 12 months) are needed before you come to camp.)

Place & Phone # where you'll be staying _____
Traveling/Stabling With Anyone? _____

Riding Experience/Training Background: _____

Horse's Name(s), Description/Experience: _____

Horse/Rider Issues to work on: _____

We'll be having back some excellent therapists that we've had in the past, at reasonable prices.
Please check here if you'll likely want any of the following during the camp:
(Equine & personal Massages - \$85, Videos - \$25)
 Personal Massage Massage for my Horse My Lesson(s) Videotaped on Sunday.
 Bags of bedding (\$8 each - first bag not provided).

The undersigned hereby agrees: 1) to release Grand Haven Stable, their managers, employees or owners of the grounds where the event is held, as well as the camp instructors, and the USDF, from any loss, damage, liability or injury arising out of this camp or enrollee's participation therein, including negligent acts or omissions of the management, employees or owners of the grounds where the event is held; 2) to indemnify, hold harmless & defend the USDF, Inc., the facility owners, management, & instructors of this event from & against all claims for loss, damage, liability or injury however caused, resulting directly or indirectly from enrollee's entry or participation in this event or from acts or omissions of enrollee or enrollee's agents.

Rider Signature: _____

Owner Signature: _____
(If Different)

Amount Enclosed with Application _____ Any \$ towards this camp already paid _____

Arrival time should be between 4:00 & 6:00 Thursday Afternoon before your camp. There will be a light meal served around 7:00, and any concerns or questions can be answered then.
Your estimated arrival time: _____.