



Winterview Farm

2024 Summer Horsemanship Camp
Application 140 Spring Road * Flora, MS 39071
601-260-5494 * www.winterviewfarm.com

Please complete the application form below for each camper and return by mail to the address above. Payment may be sent by check with the application, or you can also pay using a VENMO or PAYPAL account. As you know, camp fills quickly! Camp is \$450 per session. Reserve your camper's spot by sending a completed application, release waiver and a \$100 deposit*! The remaining \$350 payment is due by May 1st, 2025. If not paid in full, you will relinquish your reservation.

Name of Camper	Date of Birth	Age
Parent/Guardian Name	Home Telephone Number	
Address	Cellular/Office Telephone Number	
City	State	Zip Code
E-Mail Address	Camper's T-Shirt Size**	

Please indicate your camp date preference by marking 1st or 2nd choice of dates. We will notify you as to which date we could accommodate you immediately.

- | | |
|--|---|
| <input type="checkbox"/> Camp 1 – May 26 – May 30 | <input type="checkbox"/> Camp 4 – June 16 – June 20 |
| <input type="checkbox"/> Camp 2 – June 2 – June 6 | <input type="checkbox"/> Camp 5 – June 23 – June 27 |
| <input type="checkbox"/> Camp 3 – June 9 – June 13 | <input type="checkbox"/> Camp 6 – June 30 – July 4 |

** T shirt size options: CS, CM, CL, AXS, AS, AM, AL, AXL, AXXL

* Deposits are non-refundable

Emergency Contact Information:

Name:	Home Telephone Number
Relationship:	Cellular/Office Telephone Number

Other than named parent or guardian, who may pick-up your camper?

Name:	Home Telephone Number
Relationship:	Cellular/Office Telephone Number

Does your child have any health issues or allergies?

☐

Yes

☐

No

If you answered yes, please explain and provide steps emergency instructions:

I have read the Waiver and Release Form and reviewed and completed this application. I agree to all terms and conditions therein.

Parent Signature: _____ Date: _____



PayPal: Pgwright1000@aol.com