

Intermediate Equine Camp

June 15-June 17, 2023

Ages 14-17

Cost to attend: \$200



The Education Center

AT JOHN DE LA HOWE

Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Gender: _____ Race/Ethnicity: _____

Current School: _____ Current Grade: _____ Shirt Size: _____

Information is confidential and used for statistical accounting.

Agricultural Background

Do you have any experience with horses? Yes or No.

Please describe your experience.

Please explain why you would like to attend this camp.

For this camp, you will need to provide your own horse. Do you own your own horse? If so, are you able to provide proof of Coggins, and if you are from out of state, a Certificate of Health?

References

Please list one equestrian related reference.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ Email: _____

Parent/Guardian Signature

Parent or Guardian Signature.

Signature: _____ Date: _____
Print: _____