

APPLICANT INFORMATION			
Name:			
DOB		Phone:	
Current address:			
City:		State:	ZIP Code:
Previous Riding Experience			
Allergies or Medical concerns:			
PARENT/GUARDIAN INFORMATION			
Father/Legal Guardian		Phone	
Mother/Legal Guardian		Phone	
Address		e-mail	
City:	State:	ZIP Code:	
EMERGENCY CONTACT			
Name of a relative not residing with you:		Phone	
Address:			
City:		State:	ZIP Code:
Approved to pick up my child :		Phone	
		Phone	
CAMP SESSIONS – CIRCLE YOUR CHOICE(S)			
Beginners and Intermediates accepted all weeks except the one designated as advanced. Advanced riders must be W/T/C/xrails.			
	Week 1	June 21-25	Week 7 August 2-6
	Week 2	June 28-July 2	Week 8 August 9-13
	Week 3	July 5-9	Week 9 August 16-20
	Week 4	July 12-16	Week 10 August 23-27
	Week 5	July 19-23.	Week 11 August 30-September 3
	Week 6	July 26-30	
RELEASE STATEMENT			
B-BARR-B, LLC DBA TALL OAKS FARM AND BELLA ROSA RIDING ACADEMY AT 151 OAK GLEN ROAD, HOWELL NJ IS HEREBY, RELEASED FROM ALL RESPONSIBILITY RELATING TO ANY INCIDENT WHICH MAY OCCUR WHILE _____ IS ON THE FARM PROPERTY AND OR USING STABLE HORSES OR EQUIPMENT.			
I UNDERSTAND THAT FOR SAFETY PURPOSES, STUDENTS ARE REQUIRED TO WEAR PROPER RIDING APPAREL INCLUDING SAFETY HARD HAT AND SHOES OR BOOTS AT ALL TIMES WHILE RIDING OR WORKING IN STABLE. SAID APPAREL WILL BE PROVIDED BY ABOVE MENTIONED STUDENT. I AGREE TO PROVIDE A COPY OF MY CHILDS VACCINATION RECORDS.			
INITIAL _____			
PAYMENTS			

I understand that at the time of registration on or prior to May 1st I will make a **deposit of \$100.00** with the Balance due on the first day of camp. If, for any reason, my child does not attend a week that was signed up for, this deposit will be used as payment for that missed week. If my child returns to camp, a **new deposit of \$ 100.00** will be required before my child can continue in camp. I agree to pay the weekly tuition amount on or before Monday morning of each week our child attends Bella Rosa Riding Camp. I understand that my child will not be permitted to attend Summer Camp until payment is received. INITIAL _____

**Mail Application(s) to: Bella Rosa RA, 151 Oak Glen Road, Howell, NJ 07731.
Phone 732-938-5445 FAX 732-886-9084 or e-mail to stephen@bellarosara.com
Make checks payable to Bella Rosa RA. Or pay online at www.bellarosara.com**

SIGNATURES

Signature of Parent/Legal Guardian

Date: