



Please fill out this page entirely and send to: Stony Hill Stables  
 PO Box 283  
 Amagansett NY 11930  
 Phone: (631) 267-3203  
 Fax: (631) 604-5284

Camper Name \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Experience (please describe briefly or refer to SHS  
 trainer with whom child has ridden)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Apply for Camp**

1. Mark the box beside the camp for which you are applying
2. Note to the right the camp for which you would like to be considered (PC, JHC, HC, SSC, AJC)

- |                          |           |                   |       |
|--------------------------|-----------|-------------------|-------|
| <input type="checkbox"/> | <b>W1</b> | <b>June 15-19</b> | _____ |
| <input type="checkbox"/> | <b>W2</b> | <b>June 22-26</b> | _____ |
| <input type="checkbox"/> | W3        | June 29- July 3   | _____ |
| <input type="checkbox"/> | W4        | July 6-10         | _____ |
| <input type="checkbox"/> | W5        | July 13-17        | _____ |
| <input type="checkbox"/> | W6        | July 20-24        | _____ |
| <input type="checkbox"/> | W7        | July 27-31        | _____ |
| <input type="checkbox"/> | W8        | Aug 3-7           | _____ |
| <input type="checkbox"/> | W9        | Aug 10-14         | _____ |
| <input type="checkbox"/> | W10       | Aug 17-21         | _____ |
| <input type="checkbox"/> | W11       | Aug 24-28         | _____ |
| <input type="checkbox"/> | W12       | Aug 31- Sep 4     | _____ |

**JHC, HC, SSC & AJC offered 20% discount wk 1&2**

**Parent/Guardian**

**Mailing/Billing Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physical Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email** \_\_\_\_\_

- ALL camp applications are subject to trainer approval.
- An evaluation lesson may be required to determine the appropriate camp.
- **I understand that all deposits/payments for camp remitted to Stony Hill Stables, Inc. are NON REFUNDABLE and NON TRANSFERABLE for other services.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

A deposit equal to one week of camp is due with this application. The remaining balance will be due by May 15, at which time all reservations not paid in full will be open to applicants on our waiting list. Payment for camps WILL NOT be taken over the phone and must be accompanied by completed application.

**ALL PAYMENTS REMITTED TO STONY HILL STABLES, INC. FOR CAMP ARE NON REFUNDABLE AND NON TRANSFERABLE FOR OTHER SERVICES.**

**Pony Camp** \$450 x \_\_\_\_\_ weeks = \_\_\_\_\_ 5 consecutive weeks = \$2125

**Junior Horse camp** \$600 x \_\_\_\_\_ weeks = \_\_\_\_\_ 5 consecutive weeks = \$2850

**Horse Camp** \$600 x \_\_\_\_\_ weeks = \_\_\_\_\_ 5 consecutive weeks = \$2850

**Short Stirrup Camp** \*\$550 x \_\_\_\_\_ weeks = \_\_\_\_\_ session one or two = \$2250

**Advanced Jumping** \* \$550 x \_\_\_\_\_ weeks = \_\_\_\_\_ session one or two = \$2250

<b>Total Due :</b>
\$ _____
<b>Deposit Included:</b>
_____

**\*Short Stirrup & Advanced Jumping Camp add 35% for school horse use; add 25% for 1/2 lease horse.**

**Payment Method:**

Check Enclosed: Check # \_\_\_\_\_

Credit Card # (Visa or Master card ONLY) \_\_\_\_\_ Exp \_\_\_\_\_ Auth Code \_\_\_\_\_

Amt to be charged: \$ \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_