

Flying Bella Rosa Farm

CAMP APPLICATION

First Choice Dates _____

Second Choice Dates _____

Please give us your first and second choice of weeks. Every effort will be made to accommodate your preference. A confirmation letter will be sent informing you of the week assigned to your child. Please call (817) 373-3082 or (817) 999-4130 if you have questions. Return this application and deposit to: Flying Bella Rosa Farm 9657 CR 1222, Rio Vista, TX 76093

CAMPERS NAME _____ AGE _____

RIDING LEVEL _____

Is Camper currently taking lessons? _____

If not in a riding program, please give a brief description of experience.

Areas of interest, or subjects you would like to see covered in your session

I wish to use a school horse _____. I wish to bring my own horse _____

Horses Name _____ Age _____ Sex _____

(Please include a copy of 12 month negative coggins test, vaccination record, and date of most recent worming.)

PARENTS NAME _____ HOME PHONE _____

ADDRESS _____ DAYTIME PHONE _____

WARNING UNDER TEXAS LAW (Chapter 87, Civil Practice and Remedies Code), An Equine Professional Is Not Liable For An Injury To Or The Death Of A Participant In Equine Activities Resulting From The Inherent Risks of Equine Activities.

PARENTS SIGNATURE _____ DATE _____