NAME:					
ADDRESS:					
DAYTIME PHONE:		CELL PH	ONE:		
EMAIL:		ATT			
INSTRUCTOR OR TRAINER:					
NUMBER OF YEARS RIDING:					
GIVE A BRIEF DESCRIPTION OF YOUR RIDI	NG EXPERIENCE:	S			
DO YOU HAVE ANY MEDICAL CONDITION	IS OR SPECIAL CON	ICERNS WE SHO	ULD BE AWARI	E OF:	
	A	BV			
SIZE FOR CAMP T-SHIRT: SMAL	L MEDIUI	М	LARGE	XL	XXL
WHERE WILL YOU BE STAYING WHILE A	AT CAMP?				
PLEASE WRITE BELOW ANY PLACES OR SF	PECIAL THINGS YOU	J WOULD LIKE TO	O SEE DURING	CAMP:	