REINBOW'S End Farm	Re	egistration Form	
tudent's Name:		Date of Birth:	Weight:
treet Address:			
City:		State:	Zip:
lome Phone: ()	Parent Email:	
Email confirmation	and a list of items needed	will be sent once your registrat	ion form/payment are received.
/lother's Name:	H	lome/Work:	Cell:
ather's Name:		_Home/Work:	Cell:
ltornoto Emorgon	w Contact	Bola	tionching
liternate Emergent		Rela	tionship:)
the student comf Walking	ave experience riding? Yes ortable with (please check Trotting Canter ow: Trot Diagonals): ring Jumping Cross Rai	ls Jumping Verticals
lease circle the ses	sion(s) that you would like	e your child to attend. All sessi	ions are for riders ages 6+ for \$425,
Session 1 Ju	ne 13-17	Session 4 July 1	8-22
Session 2 Ju	•	Session 5 Augus	
ay in full by May 1 ^s NOTE: Only one dis *Early Care: Before	Discount and or Multiple V or when you register and p count may be taken per we care is available at 8:00 A	pay in full for three (or more) w	off per week when you register and eeks of camp. per day. MUST be prearranged
ull payment reserv mited number of c egistering. Please r Green Lane Road, N HOTE: Release of Lic	es your child's spot. Paym ampers. Deadline for regis nake checks payable to: "F lalvern, PA, 19355. For que ability form and COVID Rele egistration implies permissi	ents are NON-REFUNDABLE. Restration is two weeks before th REINBOWS END FARM". Mail restions please call (484) 238-59 pase form must be completed pr	egister early as we only take a e first day of camp for which you a egistration form to: REF Camp, 108 939.
otified at reinbows	endfarm@gmail.com.		

Reinbow's End	l Office	Use	Only:Check#	