



Home-Port Stables

2526 Campbell Rd.
Keswick, Va. 22947
434.987.0510
www.cloverhorse.com
Homeportstables@gmail.com

Summer Camp Enrollment Application

Parent Name: _____ Telephone Number: _____

Address: _____ Child's Name: _____

Child's Age: _____ Prior Equine Experience? Yes or No: _____

If Yes. Please describe: _____

Attendance Date: _____

Child Allergies: _____

Medications: _____

Dietary Limitations: _____

Emergency Contact information: _____

Who is authorized to pick up child? _____

125.00 Deposit Received: Yes or No Date Received: _____



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