



THE DIETRICH FARM

Horse Camp Application

2903 264th Ave., Salem Wisconsin 53168
(262) 496-3332

Date of Application _____

Camp Date

Preference: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Camper Name _____ Parent/Guardian _____

Home Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work _____ Cell _____

E-Mail Address _____

Birth Date: _____

Sex : Male ___ Female _____

Height: _____

Age: _____

Weight: _____

T-Shirt Size: _____

Name of the School that you attend _____

Have you been to our camp before? If so, how many years? _____

Times or years you have ridden before: _____

Do you currently own or lease a horse? _____

Have you ever owned or leased a horse before? _____

How did you hear about the Diettrich Farm Riding Camp?

_____ I am a returning camper _____ Current Student

_____ Friend/Referral _____ Internet

_____ Newspaper Ad (which one? _____)

_____ Flyer (location of flyer? _____)

_____ Other _____

I am coming to camp to: (Please check all that apply)

Have fun _____

Become a safe rider _____

To ride: English _____ Western _____ Trail _____ Show _____ Other _____

Talk to us about any other goals you would like to work on:

Do you have any health problems we should be aware of? If yes, please explain.

In case of emergency, who should we contact?

Name: _____ Phone: _____

Please send this application along with a \$100 non-refundable deposit to confirm your spot for each week of camp you want to attend.