

# Biggins Stables Young Adult Camp

Name:

Phone Number:

Address:

Email:

Trainer/Instructor:

Level of Riding:

What divisions do you show in (if applicable)?

Are you bringing your own saddle?      YES      NO

How many years have you been riding?

What do you consider your experience level?

BEGINNER

INTERMEDIATE

ADVANCED

Will you be needing overnight accommodations?      YES      NO

Comments or goals you would like to share with us to help us mount you on horses during camp: