



**River Wind Farm
2019 Summer Riding Program
Enrollment Form**

Child's Name _____ Date of birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell phone _____

Parent/guardian's name _____ Relationship to Child _____

Address (if different from above) _____

Phone _____ email _____

Emergency Contact: _____

Please check the session(s) you will be attending:

_____ Session 1 (July 8-11) _____ Session 3 (July 22-25)
_____ Session 2 (July 15-18) _____ Session 4 (July 28-Aug 1)

Fee is \$375 per child per session. Please inquire about special rates for siblings.

Please return this enrollment form with non-refundable registration deposit of \$50 per session payable to "River Wind Farm" by June 18, 2019. Balance and additional forms (below) due on or before the first day of your child's summer program session. Mailing address:

River Wind Farm
P.O. Box 205
N. Marshfield, MA. 02059

Additional forms required prior to first day of attendance:

- (1) Rider Questionnaire
- (2) Medical Information Form
- (3) Liability Release

Signed: _____
(by parent/guardian if party is under 18)

Dated: _____