

A HORSE WARRRIORS PROGRAM

P.O. Box 602 • Jackson • WY • 83001 307-733-7464 P.O. Box 1331 • Thayne • WY • 83127 307-883-7464

Application Form

	SESSION: _	June 15-17 (8	3-9 yrs) July	21-23 (10-11	yrs)	
Name:				Age:	_ D.O.B:/_	/
Mailing Address	S:		City:	ST: _	ZIP:	
Parent Name:			Phone:			
E-Mail:						
1) Why do you v	want to be in Por	y Camp?				
2) Have you eve	er ridden a horse	before?YE	SNO			
3) If you have, to	ell us a little abo	ut your experience	with horses:			
4) How do you f	eel about being	outside no matter v	what the weather?			
	a lot – do you th	-	und horses and mai	nure and not ge	t bothered by it	or make

We do require that everyone wear a safety helmet when riding. We have plenty of them for you to use if you don't have your own. They need to be ASTM/SEI approved horse riding helmets, not bike or ski helmets.