

CAVALLO DREAMS FARM 2024

Formerly known as Boulder Brook Equestrian Center

SUMMER PROGRAM

Child's Name _____ Age (7 and older) _____

Parent's Name _____ Date of Application _____

Home Phone _____ Cell Phone _____

Email _____

Allergies/Medical Concerns _____

Riding Experience _____

Program Schedule

Monday through Friday 10am-2pm \$850/week

Option to go to pool afterwards from 2-4 is an additional \$25 per day.

Please indicate which week you would like to attend:

___ July 1st- July 5th

___ July 29th-August 2nd

___ July 8th- July 12th

___ August 5th-August 9th

___ July 15th- July 19th

___ August 12th-August 16th

___ July 22nd-July 26th

___ August 19th- August 23rd

Payment in full by credit card is required before the first day of camp.

\$200 deposit is non-refundable at the time of registration.

Payment method: _____ Check _____ Credit card _____ Cash

Credit card number _____

Expiration date: ___/___ CSC: _____ Billing Zip Code _____

Name as it appears on card _____

Make checks payable to **CAVALLO DREAMS FARM**, 291 Mamaroneck Road, Scarsdale, NY 10583

914-725-3912 phone