

# Hamptons Equestrian Stables, LLC

Mailing Address:  
PO Box 3205  
East Hampton, NY 11937

Physical Address:  
20 Springs Fireplace Road  
East Hampton, NY 11937



Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Experience riding described briefly:

---

---

## Apply for Camp

- Week #1 JUNE 15-19
- Week #2 JUNE 22-26
- Week #3 JUNE 29-JULY 3
- Week #4 JULY 6-10
- Week #5 JULY 13-17
- Week #6 JULY 20-24
- Week #7 JULY 27-31
- Week #8 AUG 3-7
- Week #9 AUG 10-14
- Week #10 AUG 17-21
- Week #11 AUG 24-28
- Week #12 AUG 31-SEPT 4

Please see website for camp details.  
Riders will be grouped into levels on a weekly basis. This enables campers to progress and not be limited to one level during the duration of camp.

\*An evaluation lesson may be required to determine the appropriate camp level.

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Mailing/Billing Address:

Physical Address:

---

---

---

---

---

---

Email: \_\_\_\_\_

**\*\*I understand that all deposits/payments for camp remitted to Hamptons Equestrian Stables, LLC are non refundable and non transferable for other services.**

Parent/guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

A deposit equal to one week of camp is due with this application. The remaining balance will be due by May 15<sup>th</sup>.  
Camp is \$550 x \_\_\_\_\_ weeks = \_\_\_\_\_  
5 consecutive weeks at a 10% discount

Payment Method:

Cash: \_\_\_\_\_

Check# \_\_\_\_\_

(please make check payable to Hampton's Equestrian Stables, LLC)