



## **Autumn Rose Farm**

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# **SUMMER CAMP ENROLLMENT FORM**

**Child's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Age:** \_\_\_\_\_ Please **circle** your child's T- shirt size CM CL AS AM AL

**Dates Requested:**

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

*\*YOU WILL BE NOTIFIED IF YOU FAIL TO GET YOUR FIRST CHOICE*

**Prior Horse Experience:** \_\_\_\_\_

\_\_\_\_\_

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**Cost:** ½ Day \$250.00      Full Day \$420.00      Reining Camp \$350  
Please include ½ fee as a Non-Refundable deposit with this form in order to reserve a space.