



978-373-1300  
www.huntershavenfarm.com  
104 King Street  
Groveland, MA 01834

## HUNTERS HAVEN FARM CAMP REGISTRATION FORM

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Weeks requested: \_\_\_\_\_

Riding/Horse experience: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Does your child have any medical conditions we need to be aware of? \_\_\_\_\_

If so, please list: \_\_\_\_\_

Any other pertinent information, please explain below:

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Any pictures taken may be used for advertising purposes (please initial).

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_