



Smoke Hollow Farm



247 Pittstown Road, Pittstown, NJ 08867
908-730-8389

Riding Camp Enrollment

Name of Camper: _____ Age: _____

Parent or Guardian: _____

Address: _____

Email: _____

Home Phone #: _____

Other Phone #: _____

Requested Camp Dates:

_____ November 8-11 (\$300)

_____ November 23-25 (\$250)

_____ December 27, 28, 30 (\$250)

Allergies or Other Information: _____

Previous Riding Experience? _____

Where did you hear about our riding camp? _____

Are you interested in our holiday or other camps? _____

Are you interested in riding lessons? _____

Please mail or bring this form with your enrollment fee.
Thank you for enrolling your child in the Smoke Hollow Riding Camp.