

H I L L T O P



S T A B L E S

CAMP REGISTRATION FORM

Please print this form and mail with full payment to:

Hilltop Stables

7471 Wild Horse Valley Road

Napa, CA 94558

Participant's name _____

Participant's age _____

Riding experience _____

Address _____

Home phone _____ Cell _____

Email _____

Camp Dates (write in date from web site) _____

Emergency Contact (Name, Relationship, Phone)

Any allergies or medical conditions we should be aware of?

Any questions? Call or email: linda@hilltopstable.com (707) 258-8874