ADRC Summer Camp

**Somerford 9th - 11th May 2025**

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| **Please PRINT** and complete fully then return HARD COPY to address below. If you are coming with a friend and you would like to be in the same ride (similar abilities) please add details below. **PLEASE PRINT CLEARLY** |  |
| Event name ADRC SOMERFORD SUMMER CAMP | Office use only |
| **9th - 11th May 2025** |  |
| **Riding club – ADRC** | ADRC |
| BRC number:–  |  |
| Name: |   |
| Date of birth if Jnr member (under 18yrs 1st January 2025) |  |
| Full address & post code |  |
| Daytime telephone:  |   |
| Evening telephone:  |   |
| E-mail address: **PLEASE PRINT** |   |
| Ability / Level of experience: to help group people, please tell us at what level you and the horse you are bringing to camp ride and /or compete at:  | office use-Group with |

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| Cost per horse inc lessons & rider's food £285 |  |
| Extra horse stable/bedding/hay – no lessons - please contact Mags 07905 692423  |  |
| **Deposit: £85: Open now** Non members. Deposit £100 |  |
| **Balance 1. £100 Due by Monday 3rd February 2025**Non members £110 |  |
| **Balance 2. £100 Due by Monday 7th April 2025**Non members £110 |  |
| Extra Shavings @ £7 no required: | Total to pay:£ |
| Hook-up duration of camp to book directly with Somerford | YES - NO |
| Guest meals £ please see separate form)  | Payment  |
| **Cancellation policy – we reserve the right to keep your deposit if you cannot fill your place. MS/ADRC Committee. We will run a wait list.** |  |
| PLEASE PRINT CLEARLY |  |
| **Emergency contact information:** |  |
| **Contact 1.**  |  |
|  |  |
| **Contact 2.**  |  |
|   |  |
| **Medical Notes**: *confidential* |  |
|   |  |
| **Special dietary requirements:** |  |
|  |  |
| Guest Name:  |  |
| **Extra meals** can be provided at a cost if you are inviting a guest into camp. Please complete separate form  |  |
| Notes*: office use* |  |

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| I understand that all activities are voluntary and that I do not have to participate. It is understood that these activities are potentially dangerous, and that by participating, I voluntarily accept and assume the risk of personal injury or damage to property.I am intending to use my own judgment and knowledge as to what activities I attempt to take part in. At all times, I will take into account the experience, capabilities and skill level of myself and my horse, regardless of others motivating me.In the event of any accidents or injury to myself, other persons, animals or property I will not hold the Venue, staff, trainers or the organiser responsible.Only sign below if you accept all the contents: I have read and agree to the above conditions. |
| Signed: |
| Dated: |
| Please send to:**Margaret Smith, 9 Pinfold Lane, Norton, Doncaster DN6 9HZ****Deposit £85 secures your place** Payment details:ref: Camp NAMEref: shavings NAME**Virgin Bank****a/c 16040593****sort: 05-06-71** **Balance to be paid in full no later than** **£100 – 3rd February 2025****£100 – 7th April 2025**If you have any queries please ring or emailsmithmags@btinternet.com**Maggie – 07905 692423** |