

Dreamswept Farm Registration Form

Horse Woman's retreat 2019

Name: _____

Type of Riding experience: _____

Address: _____

Email: _____

Phone: _____ other phone: _____

Emergency contact _____ phone: _____

Insurance information _____

Age: _____ favorite food _____

Allergies (food/medication/other) _____

Signature for medical treatment _____

Participant/ Parent or Guardian for under 18 Participants

Arrival Date _____ Departure Date _____

Special Needs: _____

All human food included, please bring your own horse feed

Horse for the weekend (limited #)	one included w/reg.	_____
RV space (water/power/sewer)	one included w/reg.	_____
Tent space	one included w/reg.	_____
House Bed (limited #)	one included w/reg.	_____
Horse corral U-clean	one included w/reg.	_____
Horse stall (limited #, no bedding)	one included w/reg.	_____
Participant	\$135 event	_____
Total		_____

Send to: Dreamswept Farm

192C Jackknife Lookout Rd
Kettle Falls WA 99141

or PayPal & email to:

office@dreamsweptfarm.com