

Summer Pony Camp (Beginner - Immediate) June 17th - August 24th, 2024

Learn how to ride and care for our safe and sweet lesson ponies and horses on our beautiful farm at Two Trees Stables in Bridgehampton, NY. Our Summer Pony Camp program is open to boys and girls at beginner to immediate levels with school or leased ponies ages 4 and up. We aim to provide a fun and safe learning environment for all campers. Campers will learn and have the opportunity to participate in many aspects of horse care such as feeding, grooming, bathing, and tacking up. Snacks and drinks are included. Private riding lessons can be arranged after camp times.

CAMP DATES:

June 17th - June 21st, 2024 (Monday, Tuesday, Thursday, Friday) Half Day Camp Times: 9:00am to 12:00pm Cost: \$375 per day or \$1450 per week

June 24th - August 23rd, 2024 (Mondays, Tuesdays, Thursdays, Fridays) Half Day Camp Times: 9:00am to 1:00pm or 1:00pm to 4:00pm - Cost: \$1450 per week Extended Day Times: 9:00am to 4:00pm - Cost: \$2200 per week

June 1st - August 24th, 2024 (Saturdays) June 1st, 8th, 17th, 22nd, 29th / July 6th, 13th, 20th / August 3rd, 10th, 17th, 24th Half Day Camp Times: 1:00pm to 4:00pm - Cost: \$350 per day

50% registration deposits are required. We accept cash, check, Venmo (@Joanne-Comber-Jimenez) or credit card

LOCATION:

Hamptons Pony at Two Trees Stables 849 Hayground Road, Bridgehampton, NY 11932

CAMPER REQUIREMENTS:

All campers are required to bring bottled water and sun block and need to wear riding breeches, paddock boots and helmet. Information will be sent out to you prior to camp week. For more information contact Joanne Jimenez at 239-207-1664 or jojocjimenez@gmail.com

HAMPTONS PONY SUMMER CAMP REGISTRATION FORM

Riders Name:
Parents Name:
City, State, Zip Code:
Contact Number:
Email
Riders Experience & Age
Camp Sessions: Please write which pony camp and days you would like to sign up for

Any Food Allergies/Medications

PAYMENT

Payment Type: Please select method of payment

____ Cash

____ Check / Make checks payable to Joanne Comber- Jimenez and mail to:

Joanne Comber-Jimenez

P. O. Box 54

Wainscott, NY 11975

____ Venmo

____ Credit Card Info:

Name on Credit Card

Card Number

Expiration Date

3 Digit Code

Billing Zip Code