

EMERALD
COAST
CHAPTER



2024 ADULT HORSE CAMP

ESCAMBIA COUNTY EQUESTRIAN CENTER

MAY 25th -26th 2024

RIDE - A - TEST
with Elizabeth Poulin
and/or
Jump/Gymnastics Clinic
with Katie Wooten Bryant
on Fri 5/24
-seperate fees-

Elizabeth Poulin

USDF Bronze and Silver Medalist,
Graduated USDF "r" Judging program

Erin Brinkman

USDF Bronze, Silver, and Gold Medalist,
Graduated USDF "L" Judging program with Distinction

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COAST
CHAPTER



JUMP & GYMNASTICS

CLINIC

FRIDAY

MAY 24 2024

\$60 | 30 MIN LESSON

ESCAMBIA COUNTY EQUESTRIAN CENTER

Gymnasticize Your
Dressage Horse!
Gymnastics/Cavalettis
offered to those who do
not wish to jump.

Katie Wooten Bryant

2024 ECC DSDCTA Adult Horse Camp Application

Escambia Co. Equestrian Center, 7750 Mobile Highway, Pensacola, FL 32526

Ride-A-Test and Jump & Gymnastics Clinic
(Separate Sign-Up/Fees): Friday, May 24

Camp:
Sat & Sun, May 25-26

Price List

Full Camp: Includes 2 days of instruction, stabling Friday through Sunday, meals for rider, & educational sessions.

- \$450 for ECC Members
- \$475 for DSDCTA Members
- \$500 for Non-members

Partial Weekend (one day): Includes 1 day of instruction, meals for rider, one night's stabling.

- \$250 for ECC Members
- \$275 for Non-members

Day Auditors: \$25 per day - includes auditing lessons, lunch, & educational sessions. **Additional Meals:** \$15 per meal

There are limited riding slots available on a first come first served basis,

Priority is given to full camp participants (both days) over partial campers (one day)

General Information

- One horse stall is included with Camp fee, however additional stalls available for:
 - Tack stall or Non-Participating horse
 - Early haul-in permitted, please add additional stall(s) per night and specify on "planned arrival date/time"
- Campers and auditors are welcome to bring "non-participating" horse(s) at "additional stall" cost per night. A schooling arena will be open throughout the day and/or upper arenas after lessons have concluded at end of day.
- Shavings are *not included*, bring your own or purchase below. Please add number of bags needed.
- Riders aged 13 years and older are eligible to register for camp. Minors must be accompanied by an adult.
- There is no lodging available on site other than the RV slots. Bathrooms and showers available at the covered arena.
- Dogs allowed on leash, but please be considerate with clean up, barking, & maintaining safe distance from horses.
- Helmets required while mounted.
- No Stallions.

Accepted Payment Methods

PayPal: eccdsdcta@gmail.com

Check made to: "ECCDSDCTA" Mailing address: Kaylyn Taylor 2350 Country Place Circle, Pensacola FL 32534

Completed Registration Submission

via email: eccdsdcta@gmail.com

Or mail: Kaylyn Taylor 2350 Country Place Circle, Pensacola FL 32534

For more info, contact: Emerald Coast Chapter of DSDCTA (email): eccdsdcta@gmail.com

2024 ECC DSDCTA Adult Horse Camp Application Form

Please complete one form per horse

Please submit copy of current neg. coggins with registration.

A health certificate is required by FL Ag. Station on I-10 to cross AL-FL state line

Camper Type: Full Camp Partial Camp: Saturday or Sunday Auditor: Saturday and/or Sunday

Name: _____ Phone # _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

In case of emergency, contact: _____

Phone #: _____ Relationship: _____

DSDCTA Chapter (for member rate): _____

Horse Name _____ Sex: M or G Age: _____

Rider's exp. level (circle): Intro Training 1st 2nd 3rd 4th FEI Other: _____

Horse's exp. Level (circle): Intro Training 1st 2nd 3rd 4th FEI Other: _____

Planned Arrival Date/Time: _____ Departure Date/Time: _____

Stable with: _____

Camp Fee: \$ _____

Shavings: Number of bags needed _____ @ \$10/bag \$ _____

RV slots: Number of slots needed _____ @ \$30/night \$ _____

Additional stall(s): Number of tack stalls _____ @ \$25/night \$ _____

Additional stall(s): Number of "non-participating horse" stalls _____ @ \$25/night \$ _____

Administrative Fee (non-refundable): \$ 25.00

(not required for Auditors without non-participating horse)

Total: \$ _____

Deposit (\$100 minimum): \$ _____

Balance Due (by May 4): \$ _____

Full Payment must be received by closing date: May 4, 2023. No refunds after closing date.
Incremental payments can be made, *\$100 deposit required with application to reserve your spot.*

Accepted Payment Methods

PayPal: eccdsdcta@gmail.com

Check made to: "ECCDSDCTA"

Mailing address: Kaylyn Taylor 2350 Country Place Circle, Pensacola FL 32534

Ride-A-Test

Judge: Elizabeth Poulin, FL (r)

Friday, May 24, 2024

Fee per 30 minute ride: \$60

DSDCTA Horse Camp participants will have first dibs on Ride-A-Test slots. Slots will open to local riders if not filled by campers. Day of haul-ins permitted. We are happy to add you to our waiting list.

Scores eligible for DSDCTA Year End Schooling Awards.

The Ride-A-Test format is Test-of-Choice, followed by a short lesson addressing issues identified during the test. Each session is approximately 30 min.

Name: _____ Phone # _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

In case of emergency, contact: _____

Phone #s: _____

DSDCTA Chapter (if applicable): _____

Horse Name _____ Sex: M or G Age _____

Test: _____

Test Fee: \$ _____ \$60 _____

Shavings: Number of bags needed _____ @ \$10 per bag \$ _____

RV slots: Number of slots needed _____ @ \$30 per night \$ _____

Additional stall(s): Number of additional stalls _____ @ \$25 per night \$ _____

Total (due by May 4): \$ _____

Accepted Payment Methods

PayPal: eccdsdcta@gmail.com

Check made to: "ECCDSDCTA"

Mailing address: Kaylyn Taylor 2350 Country Place Circle, Pensacola FL 32534

Jump & Gymnastics Clinic

Instructor: Katie Wooten Bryant Friday, May 24, 2024 Fee per 30 minute ride: \$60

DSDCTA Horse Camp participants will have first dibs on Jump & Gymnastics Clinic slots. Slots will open to local riders if not filled by campers. Day of haul-ins permitted. We are happy to add you to our waiting list. Please specify goals for clinic.

Jumping Gymnastics

Please specify goals for lesson:

Name: _____ Phone # _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

In case of emergency, contact: _____

Phone #s: _____

DSDCTA Chapter (if applicable): _____

Horse Name _____ Sex: M or G Age _____

Test: _____

Clinic Fee: \$ _____ \$60 _____

Shavings: Number of bags needed _____ @ \$10 per bag \$ _____

RV slots: Number of slots needed _____ @ \$30 per night \$ _____

Additional stall(s): Number of additional stalls _____ @ \$25 per night \$ _____

Total (due by May 4): \$ _____

Accepted Payment Methods

PayPal: eccdsdcta@gmail.com

Check made to: "ECCDSDCTA"

Mailing address: Kaylyn Taylor 2350 Country Place Circle, Pensacola FL 32534

2024 DSDCTA Adult Horse Camp, Ride-A-Test, & Jump Clinic Consent Form

Escambia Co. Eq. Center, 7750 Mobile Highway, Pensacola, FL 32526

May 24-26, 2024

The undersigned hereby agrees: 1. To release management, it's members and agents, and the owners of the grounds – Escambia County Equestrian Center - where the event is held from any loss, damage, liability or injury arising from this Adult Horse Camp and Ride-A-Test or enrollee's participation therein, including negligent acts or omissions of the management, members or agents and the owners and management of the grounds where this seminar is held; 2. To forever release, discharge, indemnify and hold harmless all owners, officers, volunteers, members, employees, agents, owners of Deep South Dressage and Combined Training Association, the facility owners and management of this Horse Camp from and against all claims for loss, damage, liability or injury, however caused, resulting directly or indirectly from enrollee's entry or participation in this Adult Horse Camp, or from acts or omissions of enrollee or enrollee's agent.

WARNING

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

CREDIT(S) Laws 1993, c. 93-169, § 91.

Rider's Name _____

Rider's signature _____ Date _____

Parent/Guardian's signature (for minors) _____ Date _____

Horse Owner/ Agent Signature _____ Date _____

Will you be bringing your own meals? Yes No

Are you interested in massage services? Yes No

Special considerations:

(special dietary needs, health restrictions, special arrival or departure times, etc.)

Additional information you would like us to know: (use back of form if needed)

Additional services may be available at camp depending on what Educational Speakers and Professionals we are able to recruit for the 2024 camp. These services are all priced separately so that campers can participate or not, based on their own interests, and it helps us keep the basic camp costs as low as possible. For those of you who do wish to participate, we have requested special camp rates for those professionals' offering services. Payment is due at the time of service directly to the provider.