



2010 Summer Horse Camp Registration Form

Date of Camp Desired: _____

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|------------------------------|--|
| Child's Name: | |
| Age: | |
| DOB: | |
| Contact Information: | |
| <u>Parent/Guardian Name:</u> | |
| Relationship to Child: | |
| Phone (Home): | |
| Phone (Cell): | |
| Phone (Work): | |
| Address: | |
| City: | |
| State | |
| Zip Code: | |
| <u>Parent/Guardian Name:</u> | |
| Relationship to Child: | |
| Phone (Home): | |
| Phone (Cell): | |
| Phone (Work): | |
| Address: | |
| City: | |
| State | |
| Zip Code: | |
| Emergency Number: | |
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