

**CAMP DATES AND PRICES**

Camp is from 9:00 am – 3:00 pm daily starting July 1.

Please select the week(s) you would like to attend. Check below.

Space is limited to 14 participants.

Camp will be offered the following weeks:

July 1\_\_\_\_\_

July 8\_\_\_\_\_

July 15\_\_\_\_\_

July 22\_\_\_\_\_

July 29\_\_\_\_\_

August 5\_\_\_\_\_

Fees:

Each week of camp is \$475.

However, if you reserve your spot by May 1, 2024 with a \$75 non-refundable fee the cost per week is \$465.

**INFORMATION**

Camper's Legal Name\_\_\_\_\_

Parent/Guardian Name(s)\_\_\_\_\_

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Camper Birth Date\_\_\_\_\_ ( YYYY/MM/DD)

Child's Horse Experience: \_\_\_\_\_N/A\_\_\_\_\_Pony Ride\_\_\_\_\_Trail Ride  
\_\_\_\_\_Lessons

Parent's First Name\_\_\_\_\_Last Name\_\_\_\_\_

Cell Number\_\_\_\_\_

Work Number\_\_\_\_\_

Substitute Pick Up-

If you are not able to pick up your child a note must be given ahead of time to the office naming your replacement

Emergency contact (Please list 2 people)

First: Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Number \_\_\_\_\_

Second: Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Number \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child have any allergies \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes please list

Does your child take any medication \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes list

Does your child have any chronic illness \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes list

Has the child been treated recently for medical problems? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes please identify.