

**FIVE STAR HUNTERS**  
**SUMMER CAMP 2024 SIGN UP**

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Camp Week(s): \_\_\_\_\_

Parents Names: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please describe your child's previous riding experience, if any:

Please list any allergies your child might have, and severity, if applicable:

Please list any medications your child is taking and may need at camp:

Is there anything we should know about your child?

Will you need before or after care for your child?      YES              NO  
If Yes:              BEFORE CARE              AFTER CARE              BOTH

Please note your method of deposit payment:

\_\_\_\_\_ Venmo- @Lucy-Molinari

\_\_\_\_\_ Paypal- fivestarhunters@gmail.com

\_\_\_\_\_ Zelle- Lucy Molinari 404-694-9230

\_\_\_\_\_ Mail: 2990 Ficklen Church Way

Canton, Ga 30114

\_\_\_\_\_ Credit Card (5% Convenience Fee Applies)