## **OVERNIGHT CAMP REGISTRATION 2026**

Name						
	(surname)		(given name)	)	(used name)	
Cell#	Address	e-mail	City	Postal Code	Phone No.	_
	Weight					_
Health Ca	rd Number	R	iding Experience	Horse request		
Camp requested: Camp Souvenir T-Shirt(\$35)  (date)  If your child has a food allergy, sensitivity, or other special need(s) please list them here:  My child would prefer to sleep in a Covered Wagon or a Cabin						
Mother'	s Name		Father's	Name		_
Phone:	Home Bus	•	Phone: Hom	ne	Bus	
	Email					
Approved Riding Helmet: I will need to rent an equestrian riding helmet: Yes No RATES: Include accommodation, constant supervision, three hearty meals per day, snacks in the afternoon & evening, use of camp facilities, & many hours of horseback riding over the acres of camp trails. Week camps: \$1520.00 + HST per person. Riding helmets available at a rate of \$15 for week camp. The Dude Ranch will make no refunds to campers who are sent home due to unacceptable language or conduct that is detrimental to the well-being of other campers. Although telephones are available, we strongly recommend that they be used only for emergencies. This will allow your child to focus on the program & enjoy their vacation at the ranch. Please do not send cell phones or other valuables including electronic devices to camp. The Dude Ranch cannot be responsible for any lost or damaged valuables.  A \$600(per week registered) deposit is due with this registration. Sorry no credit cards / debit cards accepted. Payments can be made via cheques, cash, or etransfers to duderanchontario@gmail.com. Balance due on or before first day of camp. Please be aware that photos of your child may be taken for display or promotion of our activities. If you do not wish for your child to be photographed please let us know in writing prior to the first day of camp. Please fill out the health form and send with this to secure your spot.  I understand that camp is an unplugged environment and my child will not bring any electronic devices such as cell phones, tablets, gaming devices, etc. Initials  Parent/Guardian Name:  Date:						
Parent/Gu	ardian Signature:		Parent/Guardia	ın Name:	Date:	

32553 Erin Line Fingantario NOL1KO (519)762-5402
Email completed form to: duderanchontario@gmail.com
"CAMPS FOR KIDS SINCE 1957"
"CREATING MEMORIES THAT LAST A LIFETIME"