

OVERNIGHT CAMP REGISTRATION 2022

Name (surname)			(given name)			(used name)	
Address Cell#		e-mail	City			Phone No.	<u> </u>
Height	Weight					e	
Health Card Nur	nber		Riding Experie	nce/Horse	request		
If your child h special	(date) as a food allergy, se need(s) please list to prefer to sleep in a C	ensitivity, or them here:	other				
Mother's Na	me		Father's	s Name			_
Phone: Home	Bus	s	Phone: H	Home		Bus	_
Cell:	Email		Cell:		Email		_
Approved Riding ====================================	g Helmet: I will nee accommodation, cor y hours of horsebace g helmets available a sent home due to un vailable, we strongly their vacation at the cannot be responsible tregistered) or \$2000 it cards accepted. Pa s of your child may be ease let us know in we	d to rent an of the second sec	equestrian riding here a consistent of camp of an anguage or conduct that they be used on the do not send cell part or damaged valuatings) non-refundable made via cheque display or promotion of the first day of camps of the consistent of the cons	elmet: meals per contrails. We see that is determined for emergements or ables. le, but trans, cash, or no four acmp. Please	Yeslay, snacks in the camps: \$ night camp. 'rimental to the regencies. The other valuab sferable, depetransfers to tivities. If you the fill out the	No	ening, use of camp t camps: \$579 + HST make no refunds to campers. Although ld to focus on the tic devices to camp. egistration. Sorry no mail.com. Please be r child to be d with this to secure
I understand that gaming devices,		ed environme	ent and my child wi	ll not bring	g any electro	nic devices such as ce	l phones, tablets,
	our 2022 overnight c Yes No	amps are ma	indated to change to	o day camp	os due to CO	VID19, would you stil	l like to reserve a spot
Parent/Guardian	Signature:		Parent/Gua	rdian Nam	ie:	Dat	e:

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