

Campers Information

Child's Name: _____ Date of camp attending: _____

Age: _____ Sex: _____

Allergies: _____

Special Needs? _____

Any Experience with horses? _____

Parent/Guardian Name: _____

Address: _____

Email: _____

Home Phone: _____ alt phone _____

Contact person in case of an emergency and you can not be reached

Name: _____

Phone # _____

T-Shirt Size (Please Circle One)

Ys Ym Ylg As Am Alg