



Riding Camp Registration

Date: _____

Date of Camp: _____ 20_____

Overnight _____ Day Camp _____

Child's Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone Number: _____ Age: _____

Riding Experience:

___ None ___ Trail Rides ___ Lessons ___ Riding Camp

Parents Name: _____

Emergency Contacts:

OHIP # _____

Food Allergies: _____

Other Allergies: _____

Information we should know:

Deposit \$50.00 _____

Balance due 30 days before camp.

We accept VISA Master Card, cash, and cheques

-----Office uses-----

Day Camp Date: _____

Name of child: _____

Contact Name: _____

Deposit Received: _____ Balance Received: _____