



2011 SUMMER DAY CAMP
REGISTRATION FORM

June 27, July 11, July 25, August 1, August 8

Camp Date: _____

Tuition is \$350.00 per week

Deposit of \$100.00 required with this form.

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone: _____ Cell: _____

Mothers Name: _____

Address: _____

Phone: _____ Wk: _____ Cell: _____

Fathers Name: _____

Address: _____

Phone: _____ Wk: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Insurance: _____ Policy No. _____

Dr.'s Name: _____ Phone _____

Medical Conditions We Should Know About: _____

I hereby authorize Sandamar Farm to seek professional emergency medical treatment in the unlikely event of injury to my child while attending Summer Horse Camp.

Signed: _____ Date: _____

Deposit: _____ Check: _____

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