

South Algonquin Summer Horse Camp



Application for Leadership Camp

Full Name: _____

Street Address: _____

City: _____ Prov. _____ PC: _____

Home Phone: (____) _____

E-Mail address: _____

Note this email address will be used for ALL correspondence

Alternate E-Mail address: _____

Birth date: _____ Height: _____ Weight _____

Family Doctor _____ Dr.'s Telephone #: _____

Health Card No _____

T-shirt size: Youth S ___ M ___ L ___ Adult S ___ M ___ L ___

Is there any allergies, medical or behavioral issues or food restrictions we should be aware of? _____
If yes, please describe:

Do you have a current First Aid Certificate: Yes ___ (please attach a copy) No ___

Are you interested in achieving your OEF Rider Levels Yes ___ No ___

Are you an OEF (Ontario Equestrian Federation) Member Yes ___ No ___

Which weeks would you be available to volunteer:

___ 1D(July10-14) ___ 2D(July17-21) ___ 3D(July31-Aug4) ___ 4D(Aug 14-18) ___ 5D(Aug28-Sep1)

___ 1R(July23-29) ___ 2R(Aug6-12) ___ 3R(Aug 20-26)

Signature of Parent/ Guardian: _____

Full name of Parent/Guardian _____

Phone # where Parent can be reached during the day during camp week:

Please attach a cheque for \$150.00 and a postdated one for \$475.00. Postdate cheque for May 15, 2017

Applications are due by Mar. 31, 2017

Make cheques payable to **Teri Lindsay** and mail to:

Teri Lindsay
1158 Birch Rd
Gilford, Ontario
L0L 1R0

1158 Birch Rd Gilford, Ontario L0L 1R0 1-866-237-8386 705-456-5075 (July/Aug 705-455-9166)
info@southalgonquincamp.com