

Application for Summer Camp

Full Name: _____ Male ___ Female ___

Street Address: _____

City: _____ Prov. _____ PC: _____

Home Phone: (____) _____

E-Mail address: _____

please note that ALL correspondence will be sent to this email address

Birthdate: _____ Height: _____ Weight _____

Family Doctor _____ Dr.'s Telephone #: _____

Health Card No _____

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

Camper Experience (Please check off the most accurate description of your child's riding experience and ability).

Extreme Beginner - Has been on a horse less than 5 times.

Beginner - Walk, stop and steer, some trotting.

Novice - Walk, sitting and posting trot, some canter

Intermediate – Walk, trot, canter with balance and control; some jumping

Advanced - Walk, trot, canter and jump with confidence and accuracy

Is there any allergies, medical or behavioral issues or food restrictions we should be aware of? _____

If yes, please describe:

Select Session: 1st Choice _____ 2nd Choice _____

Signature of Parent/ Guardian:

Full name of Parent/Guardian _____

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

Day Camp attach a cheque for \$100.00 and a postdated one for \$300.00 for each week of day camp.

Residential Camp attach a cheque for \$150.00 and a postdated one for \$475.00 for one week of resident camp.

Postdate final cheque for **June 15, 2017** If paying **in full** (cheques dated) before Mar 1st 2017 you may subtract \$25 from the cheque. Make cheques payable to **Teri Lindsay** and mail to:

Teri Lindsay

1158 Birch Rd

Gilford, Ontario

L0L 1R0

705-456-5075 or 1-866-237-8386 info@southalgonquincamp.com