

Camp Application

Childs Name _____ Birth Date _____

Address _____

City _____ State _____ Zip Code _____ E-mail _____

Mothers Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Fathers Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Concerns _____

Allergies _____

Riding Experience (Please circle)

Beginner Intermediate Advanced Showing

Number of Years Riding _____

Weight _____

Age _____

Parent or Guardian Signature _____ Date _____

Carousel Party Acres – 15055 93rd Street – Fellsmere, Fl 32948 – 772-571-1463

Summer Camp

Week 1 ___ June 27th to July 1st

Week 4 ___ August 1st to August 5th

Week 2 ___ July 5th to July 8th

Week 5 ___ August 8th to August 12th

Week 3 ___ July 18th to July 22nd

Week 6 ___ August 15th to August 19th