

# 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 93<sup>rd</sup> Street – Fellsmere, Fl 32948 – 772-571-1463