

# Double J

## Riding Club

### CAMPER'S INFORMATION

NAME:

BIRTH DATE:

GENDER::

WHAT EXPERIENCE DOES THE CAMPER HAVE WITH RIDING? \_\_\_\_\_

\_\_\_\_\_

DOES THE CAMPER HAVE ANY ALLERGIES OR SPECIAL NEEDS? \_\_\_\_\_

\_\_\_\_\_

IF SO WILL THE CAMPER BE BRINGING ANY MEDICATION TO CAMP? \_\_\_\_\_

\_\_\_\_\_

### PARENT'S INFORMATION

NAME:

EMAIL ADDRESS:

PHONE NUMBER::

### EMERGENCY CONTACT

NAME:

PHONE NUMBER:

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## CAMP DATES

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CAMP DATE(S)

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## PAYMENT

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1 DAY HORSE CAMP.....\$85

1 DAY ANIMAL ADVENTURE CAMP.....\$70

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## ADD ONS

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BEFORE CARE.....\$10

AFTER CARE.....\$10

BEFORE AND AFTER CARE.....\$15

DOUBLE J CAMP T-SHIRT.....\$20

DOUBLE J WATER BOTTLE.....\$12

TOTAL

For Double J Personel Only:

Payment Method: Check w/ #: \_\_\_\_\_ Cash: \_\_\_\_\_

Credit w/ # \_\_\_\_\_ on \_\_\_\_\_