

## CAMPER'S INFORMATION

NAME:

BIRTH DATE:

GENDER::

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

DOES THE CAMPER HAVE ANY ALLERGIES OR SPECIAL NEEDS? DOES THE CAMPER NEED A 1:1 BUDDY?

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

DOES THE CAMPER WISH TO BE IN A GROUP WITH A SPECIFIC FRIEND OR FAMILY MEMBER? \_\_\_\_\_

## PARENT'S INFORMATION

NAME:

EMAIL ADDRESS:

PHONE NUMBER::

## EMERGENCY CONTACT

NAME:

PHONE NUMBER:

# Double J

Riding Club

CAMP NAME

CAMP DATE(S)

## PAYMENT

WEEK LONG HORSE CAMP.....\$350

1 DAY HORSE CAMP(ADDED ONTO WEEK).....\$80

1 DAY HORSE CAMP.....\$90

WEEK LONG ANIMAL ADVENTURE CAMP.....\$285

1 DAY ANIMAL ADVENTURE CAMP(ADDED ONTO WEEK).....\$65

1 DAY ANIMAL ADVENTURE CAMP.....\$75

## ADD ONS

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:

Square Credit Card amount (with fee) \_\_\_\_\_ and last 4 digits of card \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_