

Cherry Blossom Gypsies Pony Camp 2015 Registration

(Please Print)

Name of participant _____ Age _____ Grade _____

Height _____ Weight _____ Helmet size: S M L XL

Food Allergies: _____

Physical limitations or health conditions _____

Parent/Guardian Name _____

Address _____ City _____ State _____

Home phone _____ Cell # _____ E-mail _____

Emergency Contacts:

#1 Name _____ Cell# _____ Work# _____ Relationship _____

#2 Name _____ Cell# _____ Work# _____ Relationship _____

How did you hear about us? _____

Riding Experience of participant (circle one)

1. Never Ridden 2. Lead Rope led 3. Walk, Trot 4. Walk, trot and canter 5. Walk, trot, canter and cross rails 6. Jumping

<u>Camp(s) Requested:</u>	<u>Date</u>	<u>Time</u>	<u>Cost</u>	<u>Deposit</u>
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_____ Mini-Camp	Aug. 26 th – 28 th	9 a.m. - 5 p.m.	Cost: \$275	\$100
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Office use only:

Reg. rec'd; _____ Deposit pd; _____ Ck# _____ Conf. sent; _____ Balance pd; _____ Ch# _____